City of Gloucester

ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

FOR THE

CITY AND PORT OF GLOUCESTER

FOR THE YEAR 1965

ANNUAL REPORT

OF THE

PRINCIPAL SCHOOL MEDICAL OFFICER

FOR THE YEAR 1965

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COMMITTEES

1964–65

HEALTH COMMITTEE

Chairman :

Alderman R. E. H. Moulder

Deputy Chairman :

Alderman Mrs. D. Embling

Members :

The Mayor (ex-officio)
Alderman G. A. H. Matthews, M.B.E.
Alderman F. Phelps
Councillor D. C. Frape
Councillor H. A. T. Rich
Councillor I. C. Pritchard
Councillor V. S. Waters
Councillor Mrs. F. S. Creese
Councillor A. Ross
Councillor P. J. Cook
Councillor N. W. Gillett
Councillor C. Leslie Smith
Councillor B. A. Cripps
Councillor W. Gannon

NATIONAL HEALTH SERVICE SUB-COMMITTEE

All the members of the Health Committee, with the following co-opted members :—

Dr. G. C. C. Wharton
Dr. J. H. Lister
Mr. M. J. Bartlett, L.D.S., R.C.S.
Mr. W. H. Gingell
Mrs. K. Heal, S.R.N.
Mrs. H. F. Etheridge
Mrs. E. M. White
Mrs. E. Eggleton
Mrs. E. Phelps
Mrs. V. G. Lawson
Mrs. R. Layton
Mrs. M. E. Armitage

1965–66

HEALTH COMMITTEE

Chairman :

Councillor Mrs. F. S. Creese

Deputy Chairman :

Alderman G. A. H. Matthews, M.B.E.

Members :

Alderman Mrs. D. Embling (Mayor)
Alderman R. E. H. Moulder
Alderman F. Phelps, M.B.E.
Councillor D. C. Frape
Councillor V. S. Waters
Councillor A. Ross
Councillor B. A. Cripps
Councillor W. Gannon
Councillor J. Robb
Councillor R. C. Hopkins
Councillor A. H. W. Redburn

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Mrs. H. F. Etheridge
Mrs. E. M. White
Mrs. E. Phelps
Mrs. V. G. Lawson
Mrs. M. E. Armitage
Mr. W. J. Matthews

STAFF

Medical Staff

P. T. Regester, M.R.C.S., L.R.C.P., D.P.H., Medical Officer of Health, City and Port of Gloucester, Principal School Medical Officer and Medical Officer Over Hospital.

M. Mary Guest Gray, B.SC., M.B., B.CH., D.P.H., Deputy Medical Officer of Health, City and Port of Gloucester, and Deputy Principal School Medical Officer.

Charles R. Oyler, M.R.C.S., L.R.C.P., Assistant Medical Officer of Health, School Medical Officer. (Commenced 15th April, 1965).

Pauline J. Begley, M.B., CH.B., M.R.C.S., L.R.C.P., D.OBST.R.C.O.G. D.C.H., Assistant Medical Officer of Health, School Medical Officer. (Commenced 1st December, 1965).

Consultant Staff

By arrangement with the South Western Regional Hospital Board.

Chest Physicians—F. J. D. Knights, M.D., M.R.C.P., M.R.C.S.
R. H. Ellis, M.D., M.R.C.P., M.R.C.S.

Consultant Obstetricians—H. A. Hamilton, M.B., B.CH., M.R.C.S., L.R.C.P., F.R.C.O.G.
E. M. Edwards, M.B., M.S., M.R.C.S., L.R.C.P., M.R.C.O.G.

Other Medical Staff

Medical Officers, Infant Welfare Centres (Part time) :—
R. B. Barnes, M.B., CH.B., P. G. Cronk, M.A., M.B., B.CH., J. M. Dance, M.B., CH.B., D.C.H., J. Greene, M.B., B.S., M.R.C.S., L.R.C.P., A. J. S. James, M.B., CH.B., N. Lewis, M.B., B.S., M.R.C.S., L.R.C.P., G. C. Mathers, M.B., B.S., M.R.C.S., L.R.C.P., D.OBST.R.C.O.G., W. Murray, M.B., CH.B., J. V. Rose, B.SC., M.R.C.S., L.R.C.P., D.OBST.R.C.O.G. and G. A. Russell, M.R.C.S., L.R.C.P.

Anaesthetist, School Dental Clinic—K. A. Mackenzie, M.B., CH.B., M.R.C.S., L.R.C.P.

Dental Staff

J. P. Wilson, L.D.S., R.C.S., Principal School Dental Officer.

A. J. Lane, L.D.S., R.C.S., School Dental Officer.

School Dental Officers (Part time)—R. G. Boodle, L.D.S., J. R. Cond, B.D.S., D. J. Edwards, B.D.S., A. Robinson, L.D.S., N. Tibbitts.

Dental Auxiliaries—Mrs. D. Hawker and Miss A. E. Jennings.

Dental Surgery Assistants (Full time)—Mrs. M. L. Brice, Miss J. Crew-Smith and Miss J. M. Stevenson. (Part time)—Mrs. E. H. Quirk, Miss P. Smallwood and Miss J. Wooles.

Public Health Inspectorate

R. I. Williams, D.P.A., M.A.P.H.I., Chief Public Health Inspector and Port Health Inspector.

G. W. Alexander, D.M.A., M.A.P.H.I., Deputy Chief Public Health Inspector and Assistant Port Health Inspector.

Public Health Inspectors—Messrs. J. M. Bairds, E. A. Blundell, S. Grimshaw, A. E. Lewis, D. F. M. Lodge, A. Savery, R. C. Upham and R. E. Workman.

Authorised Meat Inspector—J. A. Cuthbert.

Student Public Health Inspectors—Messrs. D. Brooks and C. C. Shergold.

Health Visiting Staff

Miss F. Collins, S.R.N., S.C.M., Q.N., H.V., A.H.E.O., Superintendent Nursing Officer.

Health Visitors/School Nurses—Mrs. H. E. Arthur, Mrs. G. M. Atkinson, Miss A. J. Bloore, Mrs. J. M. M. Brooks, Mrs. D. G. Gordon-Wilson, Miss E. M. B. James, Miss C. Jones, Miss J. Macnamara, Miss A. E. Newman, Mrs. R. O'Gorman, Miss R. S. Routledge, Mrs. E. A. Shore-Nye, Mrs. R. J. Tanner, Miss P. M. Taylor and Mrs. I. M. Wathen.

Clinic Superintendent, Ante-Natal Clinic—Miss E. M. Garrett.

Clinic Midwife, Ante-Natal Clinic—Mrs. M. Cowlard.

School Nurse (Part time)—Mrs. R. M. Hill.

Mental Health Service Staff

Miss J. Hall, S.R.N., Q.N., A.A.P.S.W., Psychiatric Social Worker and Senior Mental Welfare Officer.

Mental Welfare Officers—G. G. Folland and Mrs. M. F. Kellam, and part-time H. Meadows, A. J. Perrett and D. R. Williams.

Junior Training Centre Staff

S. J. Tunstall, Head Teacher (Part-time, by arrangement with the Education Committee).

E. R. Ineson, Teacher in charge.

Miss H. P. Surridge, Teacher ; Miss V. Keck and Mrs. E. Tunstall, Assistant Supervisors ; Mrs. M. F. Browning.

Senior Training Centre Staff

T. C. Burn, Supervisor.

Mrs. M. A. Franklin and Mrs. D. A. Lapington, Assistant Supervisors.

Health Centre Staff

R. B. Stephens, B.SC., M.P.S., Chief Pharmacist and Medical Supplies Officer.

G. Robertson, Dispensing Assistant.

Mrs. M. M. Carr, S.R.N., Nurse.

Other Staff

E. G. Whittle, B.Sc.., F.R.I.C., Public Analyst (Part-time).

I. Dembrey, B.Sc., F.R.I.C., Assistant Public Analyst (Part-time).

J. F. Kelsall, Educational Psychologist.

Mrs. L. Archard, L.C.S.T., Speech Therapist.

Mrs. A. M. Williams, Physiotherapist (Part-time).

L. J. Rust, Chief Ambulance Officer.

G. A. James, Deputy Ambulance Officer.

Miss M. H. Norcott, Home Help Organiser.

Miss G. Gapper, L.I.S.W., Home Teacher of the Blind.

Mrs. E. M. Clarke, L.I.S.W., Home Teacher of the Blind.

Mrs. G. C. Dear and P. J. Hughes, Chiropodists (Part-time).

Miss E. M. Macswiney, Welfare Officer, Physically Handicapped (Part-time).

Mrs. D. M. Bradshaw, Occupational Therapist, Physically Handicapped.

A. S. Cook, Rodent Officer.

Administrative and Clerical Staff

H. H. Meadows, Lay Administrative Officer.

D. R. Williams, Senior Administrative Assistant.

A. J. Perrett, Administrative Assistant.

Clerical Staff—Mrs. A. M. Harris, Miss E. M. Knight, Mrs. K. Sparrow (Ambulance Service), T. E. Breckell (School Health Service), Miss I. E. Carswell, M. J. Ellison, Miss C. M. Greeves (School Dental Service), Mrs. J. Harris (School Health Service—part-time), Miss H. Humphries, Mrs. M. A. Mersh (Temporary), Mrs. O. Norman, Miss J. Pearce, Mrs. M. D. Pepperell (Temporary), Mrs. J. Pitman (Junior Training Centre—part-time), J. W. Thayer, J. H. Thornton (School Health Service), Mrs. D. Troughton and E. C. Wheeler.

Secretarial Staff—Miss J. Morgan (Secretary to the Medical Officer of Health), Miss F. J. Gaskins and Mrs. M. J. Ramsden (School Health Service).

HEALTH SERVICES

Health Department, Priory House, Greyfriars, Gloucester
(Telephone 24416)

CLINICS AND CENTRES

Ante and Post Natal Clinics	
Charles Cookson Clinic, Great Western Road. (Telephone 23253).	Doctors' and Nurses' sessions by appointment. Bookings, Mondays 9.30 a.m.
Relaxation Classes	
Charles Cookson Clinic, Great Western Road. (Telephone 23253).	By appointment.
Infant Welfare Centres	
Trinity Baptist Church, Selwyn Road	Tuesdays, 2 p.m.
Charles Cookson Clinic, Great Western Road.	Tuesdays, 2 p.m.
St. Stephen's Church Hall, Linden Road.	Wednesdays, 2 p.m.
St. Hilda's Church Hall, Matson.	Wednesdays, 2 p.m.
Podsmead Church Centre, Shelley Avenue.	Alternate Wednesdays, 2 p.m.
St. George's Church Hall, Grange Road.	Alternate Thursdays, 2 p.m.
St. Michael's Church Hall, Lower Tuffley.	Alternate Thursdays, 2 p.m.
11 Barton Street.	Thursdays, 2 p.m.
Tyndale Church Hall, Stratton Road.	Fridays, 2 p.m.
Church Hall, Coney Hill Road.	Fridays, 2 p.m.
Elmscroft Community Centre, Barnwood Road.	Fridays, 2 p.m.
Chiropody Clinic	
11 Barton Street (Telephone 27376).	By appointment.
Vaccination and Immunisation Clinics	
Tuberculosis Immunisation Clinic, School Clinic, 15 Brunswick Road. (Telephone 20734).	By appointment.
Immunisations against Diphtheria, Whooping Cough, Smallpox and Poliomyelitis.	At all Infant Welfare Centres, and the School Clinic, 15 Brunswick Road, Mondays, Wednesdays and Fridays, 4—5 p.m.
Chest Clinic	
Gloucestershire Royal Hospital, Great Western Road. (Telephone 25061).	By appointment.

HEALTH CENTRE

Foresters Hall, 20 Longsmith Street. (Telephone 27217).

TRAINING CENTRES

Junior Training Centre, Longford Lane. (Telephone 22637).

Senior Training Centre, Archdeacon Street. (Telephone 22591).

SCHOOL HEALTH SERVICE

School Clinic, 15 Brunswick Road. (Telephone 20734).
School Dental Clinic, Ivy House, Barton Street. (Telephone 20436).
Speech Therapy Clinic, School Clinic, 15 Brunswick Road.
Child Guidance Clinic, Maitland House, Spa Road . (Telephone 26319).
Medical provision for all other physical disabilities is made in association with the local hospitals.

AMBULANCE SERVICE

Ambulance Station, Eastern Avenue. (Telephone 25055 and 25056).

Health Department,
Priory House,
Greyfriars,
Gloucester.

To the Mayor, Aldermen and Councillors
of the City of Gloucester.

Within the Department, we have more and more found the divided Department a crimping and crippling imposition on our efficient working. The apportionment of work to its appropriate section, creation of useful files on a family basis, the unison of effort, the collation of socio medical data have all been baulked by inadequate and overcrowded accommodation. The Council have agreed during 1965 to the provision of a purpose built clinic and office premises at Rikenel, but I fear that present financial stringency will not allow it to come to fruition, and we must needs face not only the growing pace within the present setting, but also the absorption of files and personal records of the added areas and the additional staff necessary to man the services.

By 1966 the programme of modernising the ambulance fleet will reach completion. The false economies of having vehicles ten years old or more was I think evident to all of us. Alongside this speedier turnover of vehicles there have been additions to the equipment. Every vehicle has some form of respirator on it, facilities for incubators have been incorporated, certain more hygienic alterations to the stretcher equipment, as well as the issue of a number of other things for the comfort and safety of the ambulance staff.

During the year it became increasingly obvious that a change had to be made in the staffing of Infant Welfare Centres. In some ways this was regrettable, but it was difficult to justify to the Finance Committee the need for a further full-time medical officer, when the Corporation was paying General Practitioners for Infant Welfare Centres four times the yearly rate paid to full-time doctors.

Your attention has been drawn this year to the need to find, where possible, better premises for the housing of the peripheral Infant Welfare Centres. With the building of Rikenel and the rebuilding of the Health Centre, Longsmith Street together with the already functioning Charles Cookson Clinic we shall be adequately served by clinic premises at the centre. The Health Committee in the middle of the year passed on to the Management and Nomination Committee the suggestion that the provision of a multi-purpose building should be considered for the Matson and Tuffley Estates, the principle of such premises being (1) control and ownership by one central committee (Estates) and (2) utilised by many Departments in order that all parts of the building should have maximum usage, and charges apportioned on a user basis. Not only do such premises make for greater co-operation and contact between Departments but they are also most economical for the smaller authority, as well as providing the venue for community associations and activities. From the Health Department's point of view they would offer us a chance of having an adequate clinic building for Infant Welfare, a working centre for staff, and they might also be able to offer the General Practitioner premises to rent on an economic basis for branch surgeries.

After the first flush of unbridled enthusiasm, there has been throughout the country as a whole mixed feeling about the attachment of local health authority staff to general practices. Some Medical Officers of Health pointed out that many of the functions of Health Visitors are apart from, and different in intent and direction, to the uses to which they would be put in general practice, and that Social Workers in some way need links with the hospitals and health authority services more than they need links with general practices. Others point out that if General Practitioners feel incapable of re-zoning their own activities and tend to dissipate their time and effort over too great a geographical area, it is hardly rational to follow suit with local authority health staff, who are as much in short supply as doctors. However, as the wise man takes little notice of the passing of fashions of the medical world, or in the dynastic succession of band wagons, I would in this matter regard the via media as the less thorny. Already there are attachments of Social Workers, District Nurses and Health Visitors (Midwives one feels, should be part of a unified midwifery service, and in Gloucester with the very special nature of the association between hospital and local authority services, soon to be supplemented by the General Practitioner Maternity Unit, we are perhaps nearer to this ideal than most places). In this area there is and has been for the last two years an open invitation to apply for attachments, and developments in this field will wait upon approaches by individual practitioners.

The Health Centre (Foresters Hall) in Longsmith Street is now urgently in need of renovation, to put it in the mildest of terms. This is of utmost importance ; for such Centres have a crucial role to play in the future of the service.

The Adult Training Centre which was opened in 1964 is making great advances under the new Supervisor ; the numbers continue to grow, as does the variety of the work, and the quantity and quality of the output is a matter for congratulations. The newly formed Gloucestershire Association for Mentally Handicapped Children is a great boon to the Centre ; for quite apart from the valuable gifts in kind and money from the group, it means that the parents and officials are able to come to a common understanding as to means and ends. Like us in the Department the parents are very keen that the new Centre scheduled to begin in the Financial Year 1967/68 will materialise.

You will note that the arrangements of the material of this Annual Report is a modification of the usual. To the second half I have relegated most of the statistical tables and data, reserving the first for the presentation of reportage and discussion, prefacing the whole with a sort of essay on matters of preventive medicine.

The State of Preventive Medicine

I must beg you at the outset not to be misled by this pretentious title into thinking that I am trying to emulate the Chief Medical Officer of the Ministry of Health, who has produced a more considerable document under the title of "The State of Public Health". Indeed, it is my intention to restrict myself still further. I wish, in fact, to deal not so much with the state

of preventive medicine, which is deplorable, but with the state of Health Education, which is damnable. In one sense, in fact, I shall be writing about nothing less than the state of the public mind and this in my view is unprintable.

Now I do not propose in any general way to deal sociologically with the modes and manners of decadence. For that, one needs to look only at the television advertisements (and even the television programmes) to appreciate the almost medieval credulity of our times so far as pills and potions and medical science and the medical profession are concerned. My greater concern, like all exponents of what-have-you who are interested in manipulating public behaviour, is much more with the paranoia and hysteria and self-deceit which are present whenever any one mentions something of public concern. These mental aberrations are allegedly confined to youth, but more often they are in evidence in the other age groups. Whenever anyone talks about preventing anything, whether it be crime, road accidents, home accidents, cancer or dental decay, you may be sure that on both sides, both the proponents and opponents, you will see them quivering and palpitating in a sea of emotionalism.

In all these matters the last thing one would want the public to do would be to accept without question the views of the experts, but in none of these things can the public blindly disregard the expert views. Certainly, mere emotionalism should not be offered as the only opposition. Better to take what they say with a grain of salt—with a pinch of fluoride, also, even though it does produce a wry grimace and sets the teeth a little on edge.

For, of course, I am going to make fluoridation serve as a classical case history of people's attitude to preventive methods. I could also have mentioned smoking and cervical cytology and so on, but we have had in the year 1965 such a peerless example in fluoridation of public emotionalism led by bodies whose tangled schemes and motives are too involved for any busy man to follow. I am sure that members of the Committee and Council will agree that I was at great pains to present to them both sides of the issue ; I distributed to all members literature for the Ministry view and literature for the National Pure Water Association's view. In a brief summary accompanying these leaflets, I stated thus : 'Briefly, I think the position is this. Fluoride added to water is indistinguishable from fluoride which occurs naturally. As with the naturally occurring fluoride, it is, in the proportions suggested by the Ministry, tasteless and harmless, but it has a well proven protective effect on growing teeth. It is certainly the most acceptable way from the medical and dental points of view of protecting the teeth of those who require it most. I think that the debate must, in fact, be taken out of the medical sphere into, if you like, the area of social democracy. The addition of fluoride is a departure in some respects and its addition to supplies has an element of compulsory administration ; however, the principle is not new when applied to food stuffs, e.g. the law requires the addition of iron and vitamins to a minimum level in flour.'

I do not feel, therefore, that the Council was constrained to make any decision in favour of fluoridation, nor subjected to any 'unbearable medical pressures' to which one correspondent in the columns of the local

press referred. Not by me, that is. From the anti-fluoride factions there was most certainly an unbearable (or should I say insupportable ?) medical pressure. Medical, of course, is a misnomer, for what was dredged up by the faction was a sad travesty and a misbegotten teratology of medical science, a ferrago of the unscientific larded with the illogical. The tragic thing, the deplorable thing, is that all this pays off. Oft times we hear of the conservatism of the medical profession and of official inertia and government delay, but these are as nothing when compared to sheer die hard impenetrable illogicality of factions such as these, whether they are against fluoridation or against canine quarantine or against diphtheria immunisation. And, of course, allied with them are those qualities in the public mind which I have previously mentioned. The great barrier to progress in preventive medicine is the sheer impossibility of getting people on their hind legs to ask for things or, even worse, to get their hands in their pockets to fork out the cash for them. This is where Health Education ought to come in. It is not just getting people to acquire the know-how or brain washing people into some conformist state of mind; rather is it to modify peoples behaviour into ways of healthfulness.

The biggest battle is to make them buy Health, to sell most noissome medicine of all, the preventive. Offer them the latest, expensive anti-biotic and they will rush to avail themselves of it while it is still effective. Offer them free false teeth and there is a gummy rush. Mention fluoride and they adopt the ungainly postures of protest, straining at the gnat of fluoride, having for decades swallowed the whole pack of camels—the chlorine, the copper sulphate, the ammonia, the alum, the sulphur dioxide, and all the rest which are added to our water supplies. Why did fluoride set their dentures on edge when their hallowed daily bread had for years been chemically tampered with—with anti-oxidents, improvers, fat extenders, bleachers, emulsifiers, anti-staling agents and mineral oils ? (And having so suffered from a high extraction rate that other chemicals—this time nutrients—had to be added to restore to it the right to be called the staff of life). Never, in fact, has there been so much chemical manipulation and sophistication of food. Never have there been so many medicaments fed to livestock (anti-biotics, tranquilizers and hormones), never so many substances scattered around the farms (pesticides, fungicides, ascaricides, herbicides). This is not to say that there is anything grossly undesirable in adding these, but the fact is that they are there. Why, then, fluoride ? (What smears are contained in the word "medicaments" ? Its semantic qualities, its assonance and consonance are no worse than "emulsifiers" or "anti-oxidents.") How does fluoride differ from the chlorine compounds added to our water and the iodides to our salt, the first to prevent us getting disease from the water, and the second to prevent us getting goitre from the lack of iodine in the soils from which the waters (or the plants) spring. What was the hypothetical difference between naturally occurring fluoride ions and identical ions added artificially to already unnaturally occurring water supplies ? Are there inalienable rights involved ? And do these not come into being if such manipulations of water, bread, food, salt (and air, if one remembers what goes into air from the factory chimney and from petrol and diesel exhausts) take place covertly in waterworks and factories and laboratories for the easier working or the profit

of private groups and without consultation of the public interest ? If so, then the way to prevent injury to the inalienable rights is not by Health Education, but by subterfuge and secrecy.

I do not feel that Health Education on fluoridation would have prevented the fluoridation fiasco. General education in social matters—yes. (Professor R. H. Tawnay many many years ago said that ".....if society is to be healthy, men must regard themselves not as owners of rights, but as trustees for the discharge of functions and instruments of a social purpose.....") and I suppose this includes general Health Education rather than specific.

All this, I presume, could be easily summed up in terms of social psychology, but I feel no-one has expressed it better than The Goons, who put it thus : " It's all in the mind, you know."

However, I prefer to reduce the whole of the furore of fluoridation to the calm language of the High Court. In his judgement in the High Court action which, in fact, put on trial the position of fluoridation under the Irish Constitution, Mr. Justice Canning made the following comments on the witnesses : " There was a marked note of fanaticism and passionate conviction about their evidence. I got the impression that they were determined at all costs to make a case against fluoridation. Typical of this was the evidence of Professor Godonoff. He was asked in cross-examination whether he thought that the fluoridation of public water supplies would reduce the incidence of dental caries ; his guarded answer was " Perhaps ", although his own writing showed that he held the view that it would. The plaintiff's witnesses (except Professor Steyn) also had a habit of prefacing their more sensational charges with the words " It has been suggested " without giving any authority for the suggestion or indicating its source (the evidence in connection with the distressing condition of mongolism in children was a particularly glaring instance of this.) There is absolutely no support in the literature or in the evidence for many of these suggestions."

(The judge's mention of Professor Steyn refers to a comment in a later paragraph that he was a most impressive witness. Although the judge spoke of him as impressive he did not accept his arguments.)

I can think of no better thumbnail sketch to show the circus quality of the anti-fluoridation campaign than the following quotation which is extracted from the sober columns of The Lancet :

" A debate in the House of Lords on 26th January illustrated how irresponsible is much of the material now being circulated by organizations opposed to fluoridation. There are errors of fact : ' The Pasteur Institute has advised against fluoridation ' or ' President Kennedy refused to drink fluoridated water.' Official denials of such statements can easily be secured and published, yet the damage has been done. Another assertion is that a world conspiracy to benefit a small section of American industry and led by the U.S. Public Health Service seeks to corrupt scientific research and to influence governments and the professions in the promotion of fluoridation. Debates in councils and in the correspondence columns of newspapers indicate that such assertions do not strike everyone as absurd.

The bulk of the propaganda is more subtle. Members of councils, and recently members of both Houses of Parliament, have received anti-fluoridation literature which Lord Taylor describes in the Lords as ' A fabric of misrepresentations.' Claims are put forward with apparent authority but with no proven basis that fluoride will cause cancer, heart disease, congenital deformities, and mental deficiency, and that they will harm the aged and those with kidney disease, diabetes, and other conditions. The National Pure Water Association declared : ' The probability that the addition of fluoride to drinking water will cause more children to be born mongols is so overwhelming that no reasonable person can disregard it '—a statement based on evidence that has been repeatedly and successfully assailed."

The first quotation, I imagine, strips most of the red rags of emotionalism from the issue, but I fear that there remains in the ring a good deal of ' bull ' which I have left to The Lancet to bring to its ignominious knees.

I have taken fluoridation as an example of the laggardly in preventive medicine but it is not an isolated one although quite a ripe one. With it there is only 25 years lag. Diphtheria immunisation was introduced in Canada in the early 1930s but a decade later was still killing over 2,000 persons per year in this country. B.C.G. vaccination for tuberculosis was not given on a grand scale in this country until the 1950s but the continent had been using it in the '30s. Silver nitrate drops, one of the most potent preventive procedures in ophthalmia neonatorum and blindness of infants was proposed in 1884 by Crede but as late as 1922 the condition was still responsible for 30 per cent of the blindness amongst school children. These are but a few of the examples that have entered history ; but what of the present, with what vigour do we pursue the ideals of clean air and smokeless zones, or clean food or clean streets or cleanliness at all for that matter ? It took a long time to introduce crash helmets but longer to make the first tentative steps in separating excessive alcohol from the driving of motor vehicles. But we all still have to put up with our neighbours cigarette smoke and his dogs in restaurants, shops and public places, and it is almost outré to mention diesel or petrol fumes (I am one of those who believe that there is a conspiracy of silence with regard to the former ; for if we are to listen to some persons on diesel fumes one would almost ascribe to them ozonic qualities). The most obvious example outside fluoridation is however, that of the delay attendant on the setting up of Cervical Cytology Services. Many people regard cervical cancer as a preventible disease. Certainly many of the 3,000 women who die annually in the United Kingdom of this pre-eminently treatable condition could be saved if the services and uptake were there. Certainly too, countries like the U.S.S.R. and Czechoslovakia have shown the life saving possibilities.

But one could multiply instances endlessly—the prevention of blindness due to cataract and glaucoma—measles vaccination—prevention of mental illness are but a few.

This is an age when the Galbraithian antithesis of private wealth and public squalor becomes more salient ; the perpetual gap between the financial means allowed to public services to meet the increasing demands placed upon them and the inability of the local authority services to compete with private

employers for staff are probably the principle progenitors of this. Preventive methods whether they be fluoridation or immunisation have therefore to be measured in the counting house rather than the laboratory or the clinic or in the democratic forum. Hands were held up in horror at the expense of fluoridation—varying throughout the country but averaging at about 10d. per head. Assuming a 50 per cent cut in the incidence of dental caries (65 per cent is the figure for Illinois) could not the saving of dental officers' time alone cover the meagre 10d. fiftyfold. The savings to the Health Services arising from immunisation against diphtheria and poliomyelitis alone are computed at about £9,000,000 per annum (it costs £29 per week to keep a child in hospital) but the savings in Health Services treatment costs are only a part ; there are more general and social economies. There are about 2.4 million people now alive who would have died had the death rates of the early'30s continued to prevail and three quarters of these are below pensionable age. 175,000 would have died before their fifteenth birthday if the early 1930s trend was continued (these would be earning some £20,000,000 equivalent to an output of 44 million). The cost to society of death or disease is not merely measured in productive output ; for the death of a child means that all the social capital invested in the child through the Maternity and Child Care Services, Family Allowances and Education are lost assets. The death of a young mother with cervical cancer can be measured in similar ways. The intrepid weilder of ' cancer sticks ' who scouts the dangers of the cigarette, will leave in middle age not only a legacy of grief to widow and children but to society all the loss that his working skills meant as well as financial liabilities of his widow and children.

For the present we must still regard preventive medicine as an ' also ran.'

Health Screening of the Community

Pre-symptomatic diagnosis and health screening of well persons within the community (an example is the exfoliative cytological screening for cervical cancer which at the time of writing the health department is organising) have been well to the fore of recent years.

That this is an essential part of any preventive system no-one is likely to deny, but on the preventive spectrum it lies more towards the therapeutic end and the yield of such surveys as are done, relies solely on the refinements of diagnosis. There is every indication that over the whole medical field we could, with nicer techniques and quicker methods, expose in the population as a whole, more and more cases of disease in earlier stages, cases of unrevealed disease and even new diseases. To take diabetes ; in all the surveys there are many persons who do not come into the category of pre-symptomatic at all ; for not only do they have symptoms but their symptoms have in fact been brought by them to the notice of their own doctors. Of course if general practitioners had the time, and the organisation of the general medical services were a rational one, these cases would be discovered in the surgery. In fact the discovery of unrevealed symptomatology in the community may at one level mean nothing more than the need for a radical reorganization of medical services. In a similar manner all screening techniques tend to throw up so many cases for investigation at the laboratories and out-patient departments of the hospitals that those facilities are swamped, and once again the precarious viability of our health services is exposed.

In as much as these well-persons screening clinics are a matter of community health, they are part of the epidemiological task which is the basis of modern social and preventive medicine and the duty of the public health departments (in both the present state of organization and presumably in the transmuted world to come).

There is a danger here that we lose perspective ; for this is only *part* of the epidemiological task of the community physician. There are stretching about him all the vast neglected areas of medical sociology. If modern epidemiology is on one side a combination of medical cartography and the natural history of disease, then it is also on the other side the study of healthfulness and healthy living, and of the multitudinous examples of aberrant behaviour which lead individuals and whole communities from the paths of biological righteousness. Too many diseases we now face are springing from purblind personal indiscipline or from the failure to appreciate that most things in life, but especially the addictive pleasures, are subject to a very rapid incursion of the law of diminishing returns. We have apprehended that all the things we like are illegal or immoral or make us fat—and we have not allowed it to deter us. We must now face the ultimate truth that even the best things in life are 10 to 1 against.

Although the era of personal health service began around 1900, and although we talk a great deal about social medicine, there are many indications that the real, deeper needs of our community are not being met. If public health is people, as it is said to be, we need to study human behaviour a lot more closely and to lay bare the behaviour problems of our society as they concern our work. At present, all we have at our disposal is a wealth of conjecture with a sprinkling of fact. How are we to start a rational move towards healthfulness, and to reduce the factors in irrational human behaviour which lead to disease, disorder and ill health ? Only, I would contend, by studying our society as community physicians and community administrators a lot more closely than we have done heretofore.

Somehow we must turn our minds to the manipulation of social attitudes—I hesitate to use the words health education—and I think it leads us to go on a false track. In its results it is crude and ineffectual and answers none of our questions. How do you block the public's flight to pill and potion ? If noise is unwanted sound, how can we convince the public that a man has no more right to inflict on his neighbours his noise than he has his garbage or his ordure ? Likewise, a smoking chimney must come to be regarded as disreputable as is a dirty shirt, and so on.

Much of public health is just as simple and as easy as that. Health education is going to need, I believe, more organisation than we at present attach to it, and I think our present techniques and reliance on specialist health educators are very unlikely to produce any of the results which we desire. I think the public is coming to reject the expertise and the expert and that evangelical type of physician who appears to believe in the essential sinfulness of ill health, is highly moral in his approach and who believes that the unvaccinated state is akin to the unregenerate. The social manipulator will replace him. For my part, I would like to see administrators take more interest in this field and I would like to see them turn their minds towards

the possibility of systems of health education which spring from the people rather than from the experts. For what is health education but the opposite of epidemiology ? Somehow, to get to the crux of the matter, we must make health infectious instead of disease.

Western man now enjoys a fair prosperity. In what he does, in how he lives opportunities proliferate ; there is a profusion of choices before him and the advertisers not only wait on his every want but are ever seeking new methods to multiply such wants. In the past how one lived, where one worked, what one did were imposed on one and the limits of human behaviour were very much constricted for the great bulk of the people. Therefore previously our health efforts were more directed to controlling the environment of home and factory and street and to regulating the quality of foodstuffs, of water supplies and so forth.

But the problem of the present is the actual control of human behaviour itself, whether this be in food handling or in regulating the nature and quantity of foodstuffs consumed, whether it is how people drive or where they keep their dangerous medicines, or whether they make use of Mass Miniature Radiography or polio vaccine. There are family planning clinics and behind them there are even genetic advisory clinics whose purpose is to influence parents to substitute rational voluntary selection for the old fashioned natural selection of Darwin.

Or again, if only we could ensure that antifluoridators who are suddenly so solicitous about what we all drink turn off the television when all those poisonous adverts appear—especially the ones encouraging between meals snacks and telegazing nibblings of sugary things. How do we check the conversion of the rabid anti-vaccinationist into the panic vaccinated ? Or persuade the intense supporter of cervical cytology to examine her own breasts which are much more likely to cause her death. Do chronic victims of the smoking habit—which is perhaps the most blatant example of a behaviour defect of childhood being projected into adult life—become chronic addicts of the Mass Miniature Radiography ?

I have no doubt that the biochemist and the pharmaceutical chemist will continue to supply us with many rare and marvellous appliances and drugs, and I have no doubt that the biologist, the biometrician and the electronics engineer will supply us with finer and finer aids to physical diagnosis, but I am very certain that unless we find ways to inculcate a philosophy of healthfulness in the general population, then all our gimmickry and all our technology will be of very little avail. If things are preventable then even on economic grounds they should be prevented. Nothing is more tragic than preventable tragedy.

The whole point is that affluence and leisure offer problems to the medical sociologist as much as poverty. The motor car, as well as the cigarette, takes its place amongst the captains of death. The garage next to the house is its accessory and accomplice. Sweets, biscuits and patent medicines in this age of plenty have all had the accusatory medical finger pointed at them. Health is now no longer a matter of drains or even of prophylactic injections. It is more likely a question or series of questions. Can Western man in his phase of " never having it so good " influence his

own heredity and development and health level ? Can we persuade people to discipline their appetites and ways of life into more healthful norms ? Can we create healthy urban environs ? Must the Welfare State become the victim of its most weak and delinquent member ?

Are we to rear obese, nail-biting, bed-wetting children possessed by the devils of career and status ? Are we ourselves to become mere spectators of a life lived on the television screen or the football field, the abject victims of our cigarettes, our motor cars, cultivating our peptic ulcers, swallowing our tranquilisers, waiting for the coronary thrombosis or the lung cancer to bring us in our forties and fifties to premature invalidism or death ?

A matter for education

At the heart of all the essential business of health education is the notion that people ought to know how to use the Medical Services in a healthful way.

Now, I can assure you that they do not. Any general practitioner will tell you this, but to back me I will recruit none other than Mr. George Bernard Shaw. Few people read Shaw nowadays and even amongst intellectuals it is not the fashion to quote him (most of us have difficulty in deciding whether he was a true sage and a true socialist or neither), but of one thing we may be absolutely sure : he was a good hater of doctors and doctoring.

Forgive him his unutterable but uttered follies and fallacies (a vegetarian who had liver injections, he thought that bacteriology was an also-ran and sterilisation a non-starter, that roengten rays and the spectroscope would banish experimental physiology, that typhus died out in 1909—its death rate ran into seven figures in World War I—and thought that the homeopathist, the opsonist and the Swedish masseur contained everything in medical practice which was not witchcraft !). Medicine, as Shaw realised, is still an imperfect science and cannot be infallible. Neither can any doctor be perfect, scientific and infallible, however television and literary romance may try to make him so. As Shaw said in 1906, " .....this supposed exactness and infallibility is imaginary, and to treat a doctor as if his mistakes were necessarily malicious or corrupt malpractices.....is as unjust as to blame the nearest apothecary for not being prepared to supply you with sixpennyworth of the elixir of life or the nearest motor garage for not having perpetual motion on sale in gallon tins." And if you feel that Shaw is bunkum, may I quote to you from the Medical News of 1st October, 1965, quoting a report from the faculty of medicine at Glasgow University : " It is impracticable and undesirable in present day terms to set out to produce a ' saf general practitioner ' or an ' omnicompetent paragon.' The aim must be to enlarge, enrich and enlighten the mind of the student." Shaw went even further than this : " Make it compulsory", he said, " for a doctor using a brass plate to have inscribed on it in addition to the letters indicating his qualifications the words :—" Remember that I too am mortal"."

The first thing for the wise patient to do is to forget Kildare and to remember Finlay. Also, largely to ignore the ultra latest equipment he sees on television— most of it exists only in some American research unit far beyond his reach. The miraculous operations he is permitted to view are

done in small numbers in specialist centres, and until the numbers of specialists increase, and until he is prepared to re-order his social priorities, they are for him as distant as space travel.

It has been said that the world today is full of people with rights but that there are very few with duties and responsibilities. A wise patient should think and act responsibly. Medical time, nursing time, pharmacists' time, dentists' time, social workers' time and lots of others are valuable social commodities, and they are not in over-abundant supply. There are out-patient waiting lists of over three years in some specialities ; there are not enough maternity beds, surgery attendances are too large, the demand for home helps too great..... Those who acquire unnecessary attention or prior treatment by reason of private payments and inducements are cheating the queue. Persons who act irresponsibly by badgering their general practitioners, or manufacturing a spurious need (as for a maternity bed) are guilty of a sort of sabotage. But these are of the hard core which must eventually be legislated against ; it is with the others that health education must be concerned—the great bulk, who from ignorance or from fear or from superstition, go too much or go too little or go for the wrong reasons to consult their doctors in surgery or in clinics.

The wise patient needs to think a great deal more about his health service ; he needs to be vigilant lest politician or vested professional interest subverts its wholesome purpose or restricts his rights as a patient. He must not, as Shaw would have said, submit to the tyranny of the medical profession any more than the doctor can submit to the tyranny of the patient.

He ought to remember the words of Shaw : " The real woes of the doctor are the shabby coat, the wolf at the door, the tyranny of ignorant patients, the work day of 24 hours and the uselessness of honestly prescribing what most patients really need that is not medicine, but money."

And this is true of the National Health Service. That a full free and comprehensive State Service is necessary I take as axiomatic : that such a service must be provided with the financial wherewithal and sufficient man power should go without saying. But the miserable fact is that the nation wants it on the cheap.

Is it really possible, is it even sane, to ask one doctor to look after 3,500 patients every day of the year for 24 hours. Ask himself, too, is it really necessary for a patient to attend doctors with symptometologies (like say the common cold) which he knows his doctor cannot cure but can only relieve, and which could be dealt with by the pharmacist with a greater rapidity and with equal efficiency. Might he not also wonder whether it is really rational that doctors (who he hears are overworked and in short supply) should be so uneconomical of their time that they allow their practice area to cover a whole city and its environs, so that one block of flats could in one day receive the visitations if not of every doctor in a city then of every practice. In the words of the playwright " It is a mad world, my masters".

So mad that Shaw speaking 60 years ago became a mod.

" Make up your mind, he says, how many doctors the community needs to keep it well " (Shaw it should be recalled held Medical Officers of Health

in high regard—a body of men trained and paid by the country to keep the country in health). " Do not register more or less than this number ; and let registration constitute the doctor a civil servant with a dignified living wage paid out of public funds."

The public has to my mind treated the National Health Service as a bad husband treats a good wife. Having led her to the altar he loses interest and leaves her undermanned and without money whose only consolation is nagging. The National Health Service is now in the nagging phase.

Having said all this one must say that abuse of the National Health Service is *not* primarily due to the *misuse* of the service ; the Guillebaud Report and all the other surveys made this plain. It is to be expected that an enlightened public will come to their doctors with early minor deviation from health and not as before when the disease was florid, established and chronic. It is in fact one of the aims of health education to wean from old attitudes. We ought soon to be coming to the views of " Erewhon " wherein it was a misdemeanour to leave disease untreated till untreatable.

Which brings to the fore the other abuse—the biggest one of all—that it is a great misnomer. It isn't a *health* service : it is still largely a medical service and the real issues, preventive-medical and socio-medical, have been skirted.

The previous essay was limited to the state of preventive medicine but as the Medical Officer of Health's remit is a wide one—that he should concern himself with all matters and factors related to or influencing the health of the people in the area he serves—I could with equal justification have talked of the state of the National Health Service. A Jeremiad indeed. Perhaps during this year more than any other the general public has become aware of the unhealthy pallor of this adolescent—it is coming on 18 years but it was always delicate (and I thought rather neglected) even as a child. There had always been those amongst the profession who would have cheerfully smothered it and it was natural that they should be well to the fore. Nevertheless the malaise is there. The whole service is undermanned, undercapitalized and underplanned and it functions in premises which have few virtues except the one for which our Victorian ancestors were noted—solidity—sheer solid unforgivable permanence. In real terms there was more capital expenditure on hospitals pre 1939. We rely on over 4,000 doctors from commonwealth countries less developed than our own to staff the majority of junior posts at most of the provincial hospitals ; without these and the immigrant nurses and auxiliaries our hospital system would collapse ; in Gloucester as in most other cities, casualty departments and many of the other departments of the hospital are "on the brink". But it is not only in doctors and nurses, radiographers, physiotherapists, pharmacists and many more the shortage is acute.

One could in fact multiply instances eternally, but I wish merely to accentuate that the state of this essential service is (though reports of its death are, as Mark Twain said, much exaggerated) a very parlous one. It is easy to be classed as a "wrecker" when one draws attention to faults of organisations, but certain things ought to be reiterated, if only to make the public aware of what they will lose if they allow *anyone* to nibble away at their Health Service.

For the whole fault of the Service is that it was "knocked together". It was not tailored to the needs of the community but a patchwork quilt tacking together the various sectional and professional interests. This might have had some virtue if the seams had held, but even the most casual reader of his newspaper will realize the whole thing gapes with inner tensions, professional jealousies, and jostling for advantage.

The medical profession is hierarchical and hieratic in nature and its attitudes are on the whole authoritarian. But is it one profession ; no—it is rent with sectarian jealousies and scandalous partisanship. Once some of us thought that it could captain the team of health service professionals leading them from present dissension to a united spirit of community, but it is more and more obvious that it lacks within itself the capacity for change. It aspires to forget its origins which, prior to 1858, were motley, dubious and shabby. It even forgets how much worse off it was pre-war when a general practitioner in an industrial area had to subsist more on his prestige than on his income (which derived, of course, mainly from the panel and the medical provident clubs). Its values tend to be pre-war. It blinds itself to the rise of other professions and to the fact that the doctors' sphere will diminish and that it will be to the peoples' advantage (and to his I think) that it does so. The social worker and the pharmacist and the nurse and the administrator will be found perfectly able to fulfill tasks previously the dear prerogative of the medical man. The pharmaceutical chemists, the biochemists, the electronics engineers—these too are the architects of modern medicine, members of no mean professions. The doctor is fortunate above all these others in that it is easier in the profession of medicine to earn the prestige of ones fellow men than in any other.

But the Service is not run for the doctors or any other vested interest. The fragment of Health Education that I would like to get into peoples systems is that it is high time the people, the community, started to take greater interest in this unique service before it is eroded away in a welter of contending internal interests. The shape of the Service needs to be improved politically from without.

SECTION A

NATIONAL HEALTH SERVICE ACT, 1946

Section 22—Care of Mothers and Young Children

The Care of Unmarried Mothers

Report on the work of the City of Gloucester Deanery Association for Social Work

During the year, 102 residents of the City, expecting illegitimate babies were referred to the Association by various agencies. This represents an increase of five over 1964. A total of 137 families were referred for help, an increase of eighteen.

The number of mothers seeking financial aid for their stay in Mother and Baby Homes decreased for the second successive year. A total of eighteen applications was made. It should be pointed out that, based on the experience of other areas, the reduction does not necessarily indicate a continuing decrease in the future.

There has been no discernible change in the ages of mothers over the past three years. Seven young expectant mothers have had to leave school, or have failed to return to school, because of their pregnancies. Most of these girls were over fifteen years old.

During the year, 27 mothers parted with their babies. Twenty-five babies were placed for adoption through eight Voluntary Adoption Societies, one was received permanently into the care of a Voluntary Society, and one was taken into care by the Children's Department, and placed in a Voluntary Society Residential Nursery.

Statistical details of the mothers helped during the year will be found in the table on page 66.

Dental Service for Expectant and Nursing Mothers and Young Children

Report by Principal Dental Officer

The focal point of this work would appear to be the Charles Cookson ante-natal clinic, where in September 1962 a regular weekly dental inspection session was inaugurated. The number of mothers inspected has increased four-fold and more treatment, mainly of a conservative nature, has been afforded. The mothers who attend the ante-natal clinic on Monday morning are given the opportunity to see the dental officer who is in attendance on that morning. Those who avail themselves of this offer have no regular dental surgeon or have only recently moved into Gloucester. Occasionally mothers who have their own dentist seek advice. Since last July a dental auxiliary has been in attendance as well and has counselled the mothers whilst they wait. As many as eighteen mothers in one session have received this dental health teaching in an informal manner.

The dental officer has observed in recent years that little children under five who had been brought to the treatment clinic at 'Ivy House' with very badly decayed incisor (front) teeth were generally those who had been given concentrated fruit juice, such as rose hip syrup. Conscientious parents give these syrups to their small infants on advice as they contain vitamins necessary for good health, and have not been warned of their local effect. This can be lessened by dilution with water or by rinsing the mouth afterwards. The very worst cases occur when the juice is put in a 'dinky' feeding bottle and left in the mouth of the youngsters as a comforter. The dental officer warned the health staff of this danger at a talk given at the Charles Cookson Clinic and the health visitors were asked to spread the news.

Last year a survey of diet and dental caries in young children was conducted on a national scale by Mr. D. H. Goose, Senior Lecturer in Preventive Dentistry at Liverpool University. It was pleasing to the dental officer to know that the Medical Officer of Health gave his blessing to Miss F. Collins and her staff to assist this survey locally, and that this was conscientiously carried out by the health visitors. The results could be anticipated, but one must wait patiently for an official pronouncement.

Prior to 1964 the dental service for the under fives was little more than an emergency service. If a small child had toothache or a 'fat face' the procedure was to go to the local authority clinic and have the offending tooth removed. The general dental practitioners probably concurred. Now there is a determined effort to be more constructive. The number of extractions since 1960 have been round about the 250 mark annually, with an average of 10 teeth saved. In 1965 the extractions were 253 and over a hundred teeth were conserved. As these children are not attending school it is difficult to inspect them systematically and the improvement referred to has come about by personal recommendation and the 'grape vine'. Maybe a note added to the immunisation notices informing parents of the service would be useful. The filling treatment for these tiny tots is generally done by the dental auxiliaries with their special aptitude for this very important branch of dentistry.

Section 23—Domiciliary Midwifery

Report by the Superintendent, Gloucester District Nursing Society.

The call upon the domiciliary midwifery service has increased slightly, probably due to the restriction on the number of bookings for the City Maternity Hospital during the last three months of the year.

There were four stillbirths among the babies born at home, and of these, two were very premature and were born to mothers who were not booked and had received no ante-natal care. Twenty-five premature babies were born at home (i.e. weighing less than $5\frac{1}{2}$lb.). Nine were transferred to hospital and the remainder, all over $4\frac{3}{4}$lb. were nursed satisfactorily at home.

The scheme for patients booked for hospital delivery and discharged within forty eight hours to the care of the domiciliary midwife continues to function satisfactorily.

The Gloucester District Nursing Society has purchased two new flats for the use of non-resident staff, and it is hoped that this may help in the recruitment of domiciliary midwives. The shortage of midwives is a national problem, and Gloucester has been fortunate in comparison with many parts of the country, but difficulty is still experienced in recruiting to full establishment. The Society has continued to train pupil midwives for the Part II Examination of the Central Midwives Board. The number taking the course has increased during the year.

A part time orderly has been employed since August 1965, and this has proved successful in reducing the amount of time spent by the midwives in clearing up after night calls.

A night rota system operates for all the domiciliary midwives. The City Ambulance staff has taken responsibility for contacting the midwives at night, and I would like to express my thanks to Mr. Rust and his staff for the great help they have given us.

My thanks are also due to Dr. Regester and his staff for the help and advice they always give so willingly.

Section 24—Health Visiting

Report by the Superintendent Nursing Officer.

Whilst the statutory duties of the Health Visitor/School Nurse as laid down by the National Health Service Act, 1946 has been met in every respect it is true to say that the scope of her work continues to expand.

Special surveys have been carried out without any loss of quality in her routine work, but which necessitates extra visits and research to provide accurate information.

Many students have been granted the facilities of seeing and understanding the nature of their work by arranging home visits and attendances at clinics.

A special training course in Audiology was arranged. Every Health Visitor participated and has benefited from the extra training received in ascertaining hearing defects in the very young.

The teaching of parentcraft continues as always to play a major part in their work at the Ante-natal Clinic. Films, displays and discussions have been arranged and we look forward to continuing the excellent co-operation that exists between Hospital, Domiciliary and Health Department staff working at the one centre, which is so capably controlled by a member of the Health Visiting staff.

This year Gloucester became a training centre for the practical training of Student Health Visitors and two of our staff are now trained Field Work Instructors, enabling us to carry out this important aspect of our work.

Their duties as School Nurses continue to provide a most essential service. In addition to the routine work of Hygiene Surveys, preparation for Medical Inspections, B.C.G. and immunisation sessions and home visits

re defects, the Health Visitor is always ready to advise parents on the facilities available. Some Schools have afforded them the opportunity of commencing a branch of their work that is of the utmost importance, "Health Education". They have welcomed groups of senior girls to our clinics and discussed with them the provisions of the Health Services. We are grateful to the teaching staff for their help and co-operation, without which our service could not be fully utilized. Health Visitors are available always to give help and advice on all matters concerning a family's well being and she looks forward confidently to continuing her work as a Health Educator to an even greater extent in the future.

Section 25—Home Nursing

Report by the Superintendent, Gloucester District Nursing Society

The volume of work of the Home Nursing Service has again increased this year. Most of the cases being nursed are in the sixty-five and over age group, and of course a good deal of the work is heavy and time consuming. Two nursing auxiliaries are now employed to assist with baths for the elderly. In addition to the help given to the elderly by enabling them to have a bath at a regular time each week, the employment of these auxiliaries has relieved the trained nurses of much of this type of work.

A pilot scheme of attachment of nurses to general practitioners' surgeries has been commenced. So far, there are two such attachments, and it is felt they are proving useful. The general practitioners and the nurses concerned are able to give special service to their patients. A doctor's practice is not confined to any specific area of the City, and this leads to an increased amount of time being spent in travelling, and of necessity restricts the number of cases a nurse is able to attend. If the scheme is to be extended, it is felt that extra staff will be required.

The local authority has assumed responsibility for the supply of incontinence pads. Until now, these were supplied out of the Gloucester District Nursing Society Welfare Fund. No difficulty has been experienced in the disposal of the pads, and where necessary, garden incinerators have been supplied. There are no smokeless zones in the City yet, but it is possible that as areas are declared smokeless, other arrangements may have to be made.

The Gloucester District Nursing Society continues to train State Registered Nurses for the Queen's Roll, and National Certificates of District Nursing. An adequate number of staff has been recruited during the year.

A statistical review of the year's work will be found on page 68.

Section 27—Ambulance Service

Report by the Chief Ambulance Officer

In common with other Ambulance Services throughout the country the volume of work being undertaken continues to increase. The number of patients carried went up by just under 10,000 and mileages have shown a corresponding increase. It will be noted in the statistical section that the mileage covered by the four berth ambulances decreased. This was due to the two Austin Princess Ambulances being involved in accidents on the same day, the 20th February, 1965. Both vehicles were extensively damaged and as a result the service was running with a deficiency of vehicles for several months.

The transporting of patients by rail is becoming more difficult. Due to the new design of passenger coaches patients who require to be conveyed on stretchers cannot be taken by train in many cases. Patients who have to go to Wales now have to travel by road and where through trains are not available to the North this also applies. This long distance road work naturally causes long absences of vehicles and men which in turn causes increasing pressures on the remaining staff for the daily routine work.

The interest of the general public in the working of the Ambulance Service is still increasing. Many groups have visited the Station during the year and it is very pleasing to report that they all appear to be most impressed by what they have seen. In addition a number of appreciative letters have been received from patients and relatives.

The team entered by the Ambulance Service in the regional competition run under the auspices of the Ambulance Officers Association was placed first and was thus eligible to compete in the national competition. This was held at the Rover Motor Company's factory at Solihull and we were placed third out of eight teams. The trophy for the regional competition, which is the figure from the front of an old Rolls Royce Ambulance and presented to the Ambulance Officers Association by Plymouth Corporation, is being held at the Ambulance Station. Through the generosity of Councillor B. A. Cripps replicas were made for presentation to the members of the team.

Members of the St. John Ambulance Brigade and British Red Cross Society continue to do invaluable escort duties for patients undertaking long journeys ; work for which we are extremely grateful. The same applies to members of the Hospital Car Service.

I would like to take this opportunity of thanking the Health Committee for their continued interest in the Ambulance Service. Vehicles and equipment are of the best and this is very much appreciated by all members of the staff.

In conclusion I would like to record my gratitude to members of the Ambulance Service staff who work so hard throughout the year to maintain the standard of efficiency of which we are justifiably proud.

Section 29—Home Help Service

Report of Home Help Organiser

The activities of the Home Help Service have again increased this year. It is interesting to note that in 1948 the number of cases receiving help was 121, and an analysis of those figures showed that 73 were maternity, 31 were sickness and only 17 were old persons. As will be seen by the statistics given on page 73 the pattern of the work has completely changed, in addition to the vast increase in cases served. For instance, in 1965 the number of persons aged 65 or over receiving help was 460, and maternity cases receiving help was only 32.

It seems inevitable that with an ever-increasing elderly population this service will continue to grow for some years to come.

Conversely, the help given to maternity cases has decreased, and the probable reason for this is the increase in hospital confinements coupled with the inevitably high charge for married couples where the husband is earning comparatively high wages.

Although it is a comparatively expensive service for a local authority like Gloucester, where only a small number of recipients pay, and most of those only pay a nominal sum, it represents a considerable saving to the hospital service as well as to other Corporation Departments. The expense of the service to the local authority has been largely responsible for its slow growth over the last few years, and despite the recent Ministry of Health circular rebuking authorities for making a minimum charge, the Health Committee are convinced that more assistance for the running of this vital service should be forthcoming from Government funds.

The scale of charges is assessed by and large in accordance with National Assistance scales, and the maximum charge is 4s. 6d. per hour.

Recruitment of suitable staff remains very difficult. Very few women are prepared to work full-time, and the number of suitable applicants for part-time work is very small. No resident helps are employed. Perhaps the time will come when it will be feasible to employ a small number of full-time male helps.

MENTAL HEALTH ACT, 1959

Report by Psychiatric Social Worker

The increase of staff in the Section in the past year has made possible the development of our work in several directions.

We now have two additional full-time Social Workers/Mental Welfare Officers—Mrs. Kellam, who joined us in April, and Mr. Folland, who came in August. In April, too, Mr. Williams took on part-time Mental Welfare Officer duties for statutory purposes, as do Mr. Meadows and Mr. Perrett, in addition to their administrative positions in the Health Department itself.

The development has been planned, as far as possible, on the theories of Community Mental Health programmes as described by Prof. J. Caplan of Havard. This envisages (1) Primary and (2) Secondary prevention.

In (1) the aim is to help to anticipate difficulties and alter circumstances which promote stress, in an effort to prevent breakdown in crisis situations.

In (2) the aim is to support those who have had an episode of actual illness, in order to try to prevent recurrence.

The increase has also made it possible for the Psychiatric Social Worker to move into the Child Guidance field, and to be involved in the diagnosis and treatment of City cases. A preventive aspect is also aimed at, and co-operation with the School Medical services and Educational Psychologist brings cases of early difficulty to light.

The work with two General Practitioner practices, at the actual surgeries, has continued to prove its worth particularly in the early preventive stages described above. Other practices have shown interest in the scheme, but for practical reasons have not been able to begin a similar set-up. It is hoped that these can be overcome in the future.

A beginning has been made to promote closer contact and co-operation with both Junior and Senior Training Centres, and we hope to be able to re-organise the service for sub-normal and severely sub-normal cases on a district basis in the City in the coming months.

There have been several extremely helpful conferences during the year, which a representative of the department has been able to attend. One by the National Association for Mental Health considered co-operation between the three parts of the National Health Service—Community, Hospital and General Practitioners, and provided much useful comparison with other areas.

The second was a follow-up seminar held by Prof. Caplan after his initial conference a year ago. This demonstrated the value and practical usefulness of his theories, as adapted to local circumstances.

The third was of more indirect interest, being concerned with the supervision and instruction of social work students, four of whom have been with the department during the last year. Two more from the Bristol course of the National Joint Council, two from the new Bath University, at the beginning of a degree course. Their interest and discussion is a great stimulus to those of us who have been concerned.

Junior Training Centre, Longford School, Gloucester

Report by Headmaster

Educational Points

The Infant and Training Department, as an administrative and educational experiment, continues to develop well. After nearly three years it is possible to feel confidence in its operation as a department of an E.S.N. School, and in the suitability of the type of education offered.

The provision of Infant and Nursery education has produced most encouraging results among the younger children. In dealing with the 3 - 8 year range a basic aim is to provide a sense of security by a wide spread of

activities involving space and apparatus ; and by the guidance of skilled staff adequately supported by assistants. The results so far reinforce the view that accepting children at three years old is beneficial for them immediately and especially so in the long term.

For the older children aged 8 - 16 years, a variety and breadth of real experience is important. The programme therefore includes as wide a range of activities as possible e.g. Woodwork, Housecraft, Pottery, Gardening, Music, P.E. and Games. In addition the children's attention is directed to the outside world by means of regular excursions to the surrounding countryside and to the City.

Last summer a group of boys went for a three night camp to a farm at Staunton. The experiment proved to be of the greatest interest. The boys reacted very well to the challenge of an entirely new environment, and were not dismayed by very unfriendly weather conditions. It is hoped to make such a camp part of the normal programme. The re-opening of Gloucester Swimming Baths has permitted the resumption of the weekly swimming lessons, this time in the learners' pool. These visits allow excellent practical opportunities for social training, exercise in muscular co-ordination, and experience in a new element. Equally important is the sheer enjoyment and confidence manifest in the children's behaviour.

Parents

Association with parents is maintained by individual visits to the department, attendance at medical inspections, and their strong support of Christmas parties and educational visits. A small group of older children attends the School Youth Club, and parents sometimes assist in supervision.

Staff

Miss V. Keck left at Christmas after 2½ years service. Mrs. S. Porter, qualified Nursery Nurse, has been appointed to fill the vacancy.

In September Miss H. Surridge, qualified teacher, took up her appointment.

Numbers of Pupils

Number of Children on roll—47 (Education Committee responsible for 10).

Number of Boys ..	31
,, ,, Girls ..	16
Age Range	2 to 16

Distribution according to age—

Age ..	2	3	4	5	6	7	8	9	10	11	12	13
Nos. ..	1	6	5	1	2	1	1	3	2	3	1	4

Age ..	14	15	16	17
Nos. ..	2	4	1	—

There is a waiting list of some eight children aged 2 to 4.

Senior Training Centre

Report by Supervisor

Since the opening of the Centre in March 1964, the number of trainees has increased from 14 to 29 with a staff increase of one Assistant Supervisor.

Work done at the Centre can be sub-divided into three sections, and details of each section is given below.

1. Laundry Unit. A substantial amount of laundry work was done during the year. The items included such things as towels, overalls, blankets, aprons, sheets, and football shorts and jerseys. Six girls spend half of their working week doing this work. A good standard of equipment has been provided, including three washing machines, a rotary iron and large airing cupboards.

2. Woodworking Unit. This unit is very well equipped and can cater for eight woodworkers. It is used at present for the part-time instruction of seven male trainees. The items made and sold included seed boxes, bird nesting boxes, picture frames and toys. In addition, a number of wooden jigs for use in the Centre have been made.

3. General and Sub-Contract Work. A number of trainees have become proficient in the making of mops, wire coat hangers and rubber link mats, and a good market has been established for pre-packed firewood. A fairly substantial amount of sub-contract work, such as the packaging of pins, hair grips, nuts and bolts and the making of egg boxes and containers has also been carried out.

All income from sub-contract work and profit from the sale of goods made (i.e. after the cost of materials used has been deducted) is returned to the trainees in the form of pocket money. In addition, a Christmas bonus was paid.

Practical help and training is given in such things as shopping, the use of money, travel by public transport etc. A number of visits to local places of interest and local factories have also been arranged.

A music and movement class is held weekly, and lessons in country dancing are well under way. By arrangement with the Headmaster of the King's School, sporting facilities are available daily in the playing field close to the Centre. Games—football, handball, rounders, cricket—are organised for those who are able to take part and for the others exercise is given by walking.

We are very fortunate in having the support of an active Parents' Association. Apart from their keen interest in the activities of the Centre, they have provided money for the provision of football boots, Christmas presents, a drying cabinet for use in the laundry as well as a Summer Outing. We are also indebted to the Mayor for her much appreciated gesture in giving a party for the mentally handicapped in the Guildhall Ballroom.

In the coming year it is hoped to expand the laundry unit, start a wrought iron and wire work unit, and a concrete casting section.

We also hope to secure full time employment for two male trainees and have approximately eight trainees using public transport to and from the centre.

SECTION B—INFECTIOUS DISEASES

Number of Notifications of Infectious Diseases from 1951-1965

	1951	1952	1953	1954	1955	1956	1957	1958	1959	1960	1961	1962	1963	1964	1965
Smallpox	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Scarlet Fever	55	46	65	68	55	50	28	46	77	21	4	8	8	26	25
Diphtheria	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—
Pneumonia	69	48	67	27	58	32	29	29	24	11	18	16	35	23	30
Cerebro-Spinal Fever	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Meningococcal Infection	3	2	1	—	—	1	4	2	2	1	—	1	—	1	—
Poliomyelitis or Polio : Encephalitis	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Poliomyelitis, Paralytic	—	4	2	—	9	—	5	—	—	—	1	1	—	—	—
Poliomyelitis, Non-Paralytic	—	4	3	—	4	—	1	—	2	—	—	—	—	—	—
Dysentery	—	7	10	6	3	6	1	11	17	3	1	4	7	3	3
Ophthalmia Neonatorum	1	+2	+2	+1	+4	—	+3	—	—	—	+2	—	—	—	+5
Puerperal Pyrexia	13	21	30	22	18	20	26	34	34	32	27	27	35	22	39
Erysipelas	10	12	6	12	6	5	5	4	3	4	2	3	1	4	2
Enteric Fever (including Paratyphoid Fever)	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Enteric Fever or Typhoid Fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Paratyphoid Fever	1	1	—	1	—	—	—	—	—	—	—	—	—	—	—
Tuberculosis—Respiratory	85	101	91	67	60	79	55	58	38	49	25	21	28	24	25
Tuberculosis—Meninges and C.N.S.	*	*	*	*	*	—	1	1	1	—	—	—	—	—	—
Tuberculosis—Other Forms	13	13	11	4	9	9	6	7	7	5	5	2	1	7	5
Measles	607	585	735	814	632	527	879	349	964	203	803	454	627	141	852
Whooping Cough	238	135	130	238	74	124	129	179	61	48	12	17	60	34	43
Acute Encephalitis—Infective	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Acute Encephalitis—Post-Infectious	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Food Poisoning	7	4	4	12	3	1	3	3	2	7	13	1	1	1	1
Anthrax	=	=	=	=	=	=	=	=	=	=	—	—	—	—	—
Malaria (Believed to be Contracted Abroad)	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—

* See different classification.
\+ Vision unimpaired.
= Not Notifiable.

Report by Dr. F. J. D. Knights, Chest Physician

25 of the 30 new cases of tuberculosis notified in the City of Gloucester during 1965 were handled in the chest clinic service. They are analysed as follows :—

Haematogenous, including Miliary and Meningeal	Abdominal, Orthopaedic and Cervical glands	Primary or post-primary infection	Minimal Phthisis	Moderate Phthisis	Advanced Phthisis	Total
Nil	2	5	4	12	2	25

Of these 25 cases 11 were referred by general practitioners, 6 from Mass Radiography, 3 from other hospital departments, 4 were contacts and 1 was a routine x-ray.

The Clinical Area figures (North Gloucestershire County plus Cheltenham Borough and Gloucester City) were as follows :—

1	8	28	16	65	12	130

Of the 93 cases of phthisis notified in the Clinical Area, 55% were referred by general practitioners, 17% were discovered by Mass Radiography, 14% were referred by other hospital departments, 9% were contacts and 5% were routine x-rays.

A survey of tuberculosis in immigrants was conducted for the British Tuberculosis Association during the three months February, March and April 1965. There were 9 City notifications during this time, 6 of whom were immigrants. 27 County patients were notified in the same period, none of whom was an immigrant, and of 12 patients notified in Cheltenham only 1 was an immigrant. This led us to consider the 30 Gloucester City notifications during the whole of 1965 and it was found that 14 of these were immigrants.

The Gloucester City Register of Notified Persons stood at 415 on 31.12.65

RED, markedly infectious	19
YELLOW, potentially infectious	69
GREEN, non-infectious	319
Unclassified at date	8

Of the 19 RED cases, 7 are chronic phthisis of long standing, and these include 3 drug-resistant cases. None of the new cases notified was found to be excreting resistant strains of bacilli. (See separate summary re drug resistance in the clinical area).

CONTACT EXAMINATIONS ARISING OUT OF THE 30 CASES NOTIFIED IN 1965.

Average number of contacts per case : listed 5
seen 4.5

2 of the notified cases were themselves contacts, and therefore were not included in establishing the above averages.

88 adults were called and 76 attended, giving a response of 86%.

1 young man, an Irishman, came over here to help look after the family when his mother was taken ill with tuberculosis, and was himself found to be infected. In addition to the above, 2 contacts were found to be already under chest clinic observation and 2 were referred to chest clinics outside the area for action.

Of 48 children called, 7 were tuberculin positive and kept under clinic observation, 1 was found to have been removed from the clinical area and was referred to another chest clinic, and 1 was notified. This was the 4-year-old brother of the young Irishman mentioned above.

The remaining 39 were healthy and are analysed as follows :—

Tuberculin positive, aged 5 - 11, to H.V. and G.P. for obs.	2
,, ,, aged 12 - 16 for Mass X-ray follow up . .	1
,, ,, previously had B.C.G. at school, for Mass X-ray	5
,, negative B.C.G. vaccinated	30
,, ,, awaiting B.C.G.	1

At 31st December, 1965, there were 15 cases of known drug resistance in the clinical area.

3 were resistant to all three major drugs.
4 ,, ,, ,, streptomycin and isoniazid.
3 ,, ,, ,, P.A.S. and isoniazid.
1 ,, ,, ,, streptomycin only.
4 ,, ,, ,, isoniazid only.

Therefore 14 of the patients showed resistance to isoniazid, 8 to streptomycin and 6 to P.A.S.

Gloucester City

3 cases . . 2 resistant to P.A.S. and isoniazid.
1 ,, ,, isoniazid only.

Cheltenham M.B.

1 case . . 1 resistant to isoniazid only.

County (excluding Cheltenham Borough)

11 cases . . 4 resistant to streptomycin and isoniazid.
3 ,, ,, streptomycin, isoniazid and P.A.S.
2 ,, ,, isoniazid only.
1 ,, ,, P.A.S. and isoniazid.
1 ,, ,, streptomycin only.

8 Cases were Removed from the drug resistance register during the year :—

Gloucester City

2 cases streptomycin resistant became sputum-negative.
1 case, an isoniazid-resistant wanderer, left the area.

Cheltenham M.B.

1 case, resistant to isoniazid and P.A.S., died.

County

1 case, isoniazid resistant, died.
1 case, resistant to all three major drugs, died.
2 cases, resistant to streptomycin and isoniazid, became sputum negative.

5 Cases were Added to the Register during the year :—

County

1 case, acquired resistance to all three major drugs.
2 cases acquired resistance to P.A.S. and isoniazid.

Gloucester City

2 cases acquired resistance to isoniazid.

None of the new cases presented with resistant strains of bacilli in their sputum at the time of initial diagnosis, and no contacts have been discovered to be infected by drug-resistant cases during the year. All the cases can be considered to be co-operative.

VENEREAL DISEASE

Report by A. E. Tinkler, M.A., M.D., D.P.H.
Consultant Venereologist, South West Regional Hospital Board

In 1965 there was no significant change in the total number of Gloucester City residents attending the Venereal Disease Clinic at the Gloucester Royal Hospital.

Table 1. New Cases : All Conditions
Gloucester City Residents

Year	New Cases
1960	101
1962	160
1964	159
1965	162

Syphilis

In England and Wales as a whole the incidence of early syphilis continues to rise but the number of such cases seen in Gloucester city residents remains very small indeed. Only four cases of late syphilis were seen during the year.

Gonorrhoea

The incidence of gonorrhoea again fell quite appreciably in 1965. The incidence amongst residents of the city is really quite small and compares very favourably with that of comparable towns in England and Wales.

Table 2. Gonorrhoea
Gloucester City Residents

Year	Male	Female	Total
1955	13	3	16
1961	42	13	55
1963	22	11	33
1965	20	4	24

SECTION C

NATIONAL ASSISTANCE ACT, 1948

Report by the Home Teachers of the Blind

Blind Persons

The number of registered blind persons at the end of the year showed an increase of three over the previous year. Almost all newly registered persons were over 65 years of age, and as in other parts of the country, the main cause of blindness amongst the elderly was cataract. Two persons were transferred from the partially sighted register, and the majority of other cases were discovered by the National Assistance Board. Probably as a result of a recent Ministry of Health Circular, a few cases were referred by Ophthalmic Surgeons towards the end of the year.

Some 2,500 visits were paid to blind persons in their own homes during the year, and some form of advice, guidance or instruction was given on practically every occasion. Services ranged from information on the revised Braille shorthand system to filling a hot water bottle without running the risk of burning the hand or spilling water. In an attempt to devote more time to group activities, mobility training and so on, the amount of home visiting has been reduced. The persons affected by this are mostly those attending weekly classes, elderly, infirm persons with good families and available by telephone, and persons in employment who are capable of getting in touch at any time. In addition, fewer visits were paid to blind persons who were receiving visits from other Social Workers (Health Visitors, Mental Health workers, etc.). As would normally be expected great problems are presented by lonely blind persons, who are mostly elderly. Some have outlived their relatives or friends, whilst others have lost what friends they had for temperamental reasons. In many cases of this kind, it was possible to introduce specially chosen voluntary visitors, and this has met a very real need. It should be pointed out, however, that there is considerable difficulty in finding male visitors to visit elderly blind men who do not always readily welcome lady visitors !

Well over one hundred lessons were given in embossed types, Braille and Moon. With the increasing age of the blind population, there is a lesser need for tuition in Braille. Even if an elderly person agrees to "have a go" at an embossed type, in nine cases out of ten, he abandons the idea as soon as a talking book machine becomes available to him.

The Braille readers are very grateful for the three subscriptions made by the Health Committee for periodicals. It is rather sad however, that blind readers should have to put up with the out of date material contained in these magazines.

Handicraft Classes were held at Palmer's Hall throughout the year, in addition to individual instruction in knitting and weaving held in blind persons' homes. A variety of articles were produced, including knitted goods, baskets and trays, mops and scourers, soap savers, stools, nursery furniture, etc. Several prizes were won in the handicraft section of the Annual Show for Blind Gardeners held at Bristol on 6th November.

A number of outings were arranged during the year. One Handicraft Class went to the Mill Inn, Withington, for a "Chicken in the Basket" lunch, followed by a tour of the Cotswolds, with tea at Bourton-on-the-Water, and a visit to the Cheltenham Playhouse to complete the day. The other class went on two outings, visiting Weston-super-Mare and Chepstow.

The year has seen a number of social occasions. The engagement of one of the Home Teachers and the silver wedding of one of the voluntary helpers were two such occasions. There were, of course, the usual Christmas Parties as well and the blind persons each received a gift. At one of these parties this year, Dr. Regester was able to present a cheque for £5, raised from the sale of Christmas cards, to Mrs. June Turner of the Cotswold Tape Recording Society, to assist with the cost of the tapes " Cotswold Round-about" which are circulated regularly and are very much appreciated.

A party of blind persons and escorts again spent a very enjoyable two weeks' holiday at Pole Sands Hotel, Exmouth. Each Home Teacher spent a week with the party and various outings were arranged. The Talking Book Library continued to provide an excellent service and it was found that machines were more easily obtained.

The Gloucester City Voluntary Association for the Blind continued to act as agents for the Royal National Institute for the Blind in the distribution of radio sets, and also met the cost of batteries and repairs. The monthly radio programme "In Touch" was enjoyed by a number of blind persons but, unfortunately, there were occasional errors in information given. For instance, on one occasion it was stated that every blind person at the age of 40 was entitled to a non-contributory pension. Similarly, a television presentation on Low Visual Aids gave the impression that all blind and partially sighted persons can be helped by these means. I will leave what happened after these broadcasts to the reader's imagination.

The refresher course for local authority officers engaged in blind welfare was most stimulating and helpful. Speakers included a Medical Officer of Health, a Public Health Inspector, an Educational Psychologist as well as representatives of the South West Regional Hospital Board and the Ministry of Health.

We would like to acknowledge the extremely good relationship which continues between the various voluntary and statutory bodies in the City. This report would be incomplete without a special word of gratitude for the invaluable assistance given by individual voluntary workers, some of whom are themselves blind, who give their time and energy so willingly.

The Partially Sighted

At the close of the year under review the names of 29 persons appeared on this register. This number included a girl of 16 attending the adult training centre for the mentally handicapped, a boy aged 9 years who had been transferred from Oak Bank to the Exeter school for the partially sighted, and a newly-registered boy of 7, attending Oak Bank, where he is being given as much individual assistance as possible, and provided with suitably large print.

Two elderly persons were transferred to the blind register.

At the present time, there does not appear to be a need for specially designed activities for the partially sighted. As with the blind, each person has to be helped as an individual, there is no set pattern to be followed, and each method of approach is different.

Although there must be hundreds of people in the City who would qualify for partially sighted registration, there seems no need to bother them as long as they have no special difficulties and are able to fit into the community as normal citizens.

The few registrations we have are often persons who applied for blind registration but failed to qualify.

I hope that in the near future more interest may be shown in Low Visual Aid schemes, and that more people will have the opportunity to have the necessary tests.

Deaf Persons

Report by Superintendent, Gloucester Diocesan Association for the Deaf, 17 St. Mary's Square, Gloucester

Under the National Assistance Act of 1948 whereby Local Authorities were asked to make grants to the Voluntary Associations for the Welfare of the Deaf, the Gloucester Diocesan Association as agents for the Local Authority has been assisted in its work by the City Council.

The headquarters of the Association at 17, St. Mary's Square, Gloucester comprise the administrative office and welfare centre, the Chapel of St. Faith and the Social Club available for the deaf not only of the City but also of the County.

The main activity of the Association is that of a comprehensive welfare service for the deaf without speech, the deaf with speech and the hard of hearing.

It is this first category, however, namely that of the deaf without speech (or the profoundly deaf as they are known) with which the Association chiefly concerns itself. It is with these people that the language barrier is encountered : those who are unable to hear or to speak except by the deaf manual language and who require the assistance of the qualified interpreter in many aspects of their daily lives.

In the past year the service of the interpreter has been required on many occasions at various hospitals, at marriages and at deaths : also in courts of law, solicitors and other offices and places of business ; in assisting the deaf in completing their income tax returns, applications for passports and arranging holidays. And above all in placement work : that is finding employment for the deaf and ensuring them continuity of work. This is, indeed, a matter of the greatest importance. Currently there is no unemployed deaf person in the City.

Our services are also extended to Hard of Hearing persons who require assistance either socially or industrially.

A regular weekly evening service is held in the Chapel of St. Faith.

The Association holds a children's Xmas Party at which there are about 30 children present. Some of the children are deaf, and others are children of deaf parents.

A yearly party is also provided for the Adult deaf ; and the Institute is filled to over-flowing on this occasion.

An annual outing is also given and a varied programme is laid on. Other outings to various other deaf organisations take place at which some friendly competitions of billiards, table tennis, darts, football, cricket and skittles are entered into.

An organised holiday to a sea-side resort is arranged when a coach load of the elderly and unemployable are given a change of scenery. This holiday is much appreciated.

The work also covers the Deaf/Blind.

The Association also maintains a Residential Home where those who are elderly or unemployable can live out the evening of their lives under the care of those who can speak with and understand them. The Home was opened in 1963 and has been fully occupied since.

Physically Handicapped

Report by Miss E. M. MacSwiney, British Red Cross Society

Work during the year has followed the pattern of previous years which includes a growing Case Load. With 30 New Cases and after removing names of those who have died or left the City the number on the Register is 222. This number includes five who are now in Residential Accommodation but with whom we are still in touch.

The 30 New Cases are classified as :—

6 Hemiplegia, 4 Disseminated Sclerosis, 3 Arthritis, 3 Chronic Bronchitis, 3 Cardiac, 3 Congenital Deformities, 2 Leg Amputations and *one* each of Bronchial Asthma, Degeneration of Brain Cells, Poliomyelitis, Muscular Dystrophy, Cerebral Thrombosis and Obesity.

Handicraft Instruction continues to be one of the most valuable services to the disabled. The Instructor handled 100 Cases during the year and made 509 visits to the Homebound.

The Workshop is open three full days each week and the majority attend for the whole session. A few however are not fit enough for a whole day and these are brought in for the afternoon only. Transport is by ambulance and Hospital Car Service. Those who attend the Workshop gain much from the companionship there and regain self-confidence. Two have returned to open employment.

For the past three years we have arranged a Visit of Interest for those in the Workshop and this year saw our most ambitious journey yet made. This was to the Cambrian Tweed Factory at Llanwrystt Wells, 94 miles from Gloucester. The journey was made by coach leaving Gloucester shortly after 9 a.m. a sandwich lunch was eaten during the drive and after seeing over the factory a substantial High Tea was taken at an inn nearby and the party was back in Gloucester at 9 p.m.

Naturally now that the Workshop is open three days a week we have more goods to dispose of and present marketing is not keeping pace with the increased output. Sales were held at Messrs. Fisher & Fisher and at the Red Cross Annual Meeting and both showed increased totals but more Sales will have to be arranged.

The Holiday for the Disabled was again at the Westward Ho! Holiday Centre, N. Devon. In addition to the entertainment provided at the Centre car drives were arranged each day. The Red Cross ambulance was used for the chairbound cases and also transported our equipment, including a portable Oxford Hoist on the journeys. 35 disabled participated in this holiday.

The Good Companions social club has met each Monday except Bank Holidays and has a membership of 35. There were two Outings. A day to Barry Island and a half-day to Fairford where we were the guests of the Red Cross Members Group there. In addition the Club had an afternoon in the garden at the Sheephouse by invitation of one of our committee members, Mrs. D. Moore. Early in December the usual Christmas Party was held when each member is able to bring a guest and the Mayor was present.

A number of Aids and Gadgets were supplied during the year. That most in demand was the Stocking-puller-on.

Home Adaptations were arranged through the Health Department and included Handrails, and in the case of a chairbound woman, the levelling and concreting of her garden path.

At Christmas 91 Food Parcels were distributed to the Homebound Disabled and parcels of toys or books were sent to Sick Children as well as to the children of the more needy disabled.

The Welfare Officer has met the Health Visitors regularly at a Case Committee which is most helpful in co-ordinating the work.

SECTION D

MEDICAL EXAMINATION OF CORPORATION EMPLOYEES

Children's Department	7
City Architect's Department	25
City Museum	—
City Surveyor's Department	14
City Treasurer's Department	17
Education Department	42
Entrants to Training Colleges	58
Fire Brigade	8
Health Department	10
Housing Department	2
Public Library	8
Staverton Airport	2
Taxation Department	—
Town Clerk's Department	10
North West Glos. Water Board	14
Weights and Measures Department	2
Welfare Department	4
Other Authorities	3

SECTION E

ENVIRONMENTAL HEALTH

Disposal of Sewage—Report by City Engineer & Surveyor

With the anticipated completion of the current Main Drainage contract in the Tredworth area this year, the main trunk sewerage system in the City has now been reconstructed with the exception of the relief of the sewers in the north-eastern area which it is hoped will be the subject of a further contract in two or three years' time. The planning of this further work is dependent on the proposed extension of the city to include Barnwood and Hucclecote ; but for this it had been hoped that the final contract would have followed on the present one.

The effluent from the new primary sewage treatment works at Netheridge has been improving as the teething troubles in the works have been overcome.

Sanitary Conditions of the Area

Report by the Chief Public Health Inspector.

The time spent on inspection of meat at slaughterhouses within the City continued to increase. A few years ago I reported that we had departed from our normal policy of doing meat inspection solely on a rota basis when a Public Health Inspector was appointed to carry out full time meat inspection. With the great change in the pattern of meat inspection carried out in the City, and with the more stringent requirements of the Meat Inspection Regulations, I am happy to say that this change in having a full time Meat Inspector has been of great benefit to the Department. With the increasing burden of meat inspection and with the strain placed on district work the benefit obtained from our full time Public Health Inspector on meat inspection prompted the appointment of an Authorised Meat Inspector. An Authorised Meat Inspector is qualified only to deal with meat inspection and does mean a major change in our previous policy. Until the annually increasing kill from our two major slaughterhouses forced the issue, I had preferred the appointment of Public Health Inspectors because their qualifications allow their employment on all types of public health environmental work. This I felt was particularly true of the smaller County Borough authority such as Gloucester and before we had the larger type of slaughterhouses which are now in operation within the City. The stage is being reached however where I would wish to see meat inspection carried out as a self contained full time operation. This is still not possible at the present time, in spite of having a full time Public Health Inspector on meat inspection and an Authorised Meat Inspector, due to the amount of overtime working necessary. This means in practice that the Health Inspectorate as a whole still carries out meat inspection on a rota basis to provide the overtime relief and to fill the gaps necessitated by holidays and sickness.

The amount of clearance area work increased during the year and it is hoped to deal with approximately one hundred premises per annum if economic circumstances allow. It must be stated quite frankly that an increasing number of owner-occupied premises are being found in the areas inspected. This is naturally a matter of concern to the Department because although the premises are structurally unfit it is recognised that in many cases, hardship is caused. It will be appreciated that owner-occupiers do improve their premises to a greater decorative standard than do owners of premises let for rent and naturally many owner-occupiers are proud of the improvement their efforts have achieved. Although there is a small financial reward where repairs and improvements have been carried out it must be said that it represents a poor return for the effort that has been expended. In spite of this, however, I am of the opinion that the Department must press on with this work ; these premises cannot be economically altered structurally and they cannot be improved to any marked degree. It is unfortunately an essential part of housing work but one which does not in these present times, impart a feeling of satisfaction.

I should like to mention the training of students. Although it, of course, reflects mainly on the calibre of the students themselves it is, nevertheless, a great source of satisfaction to me that our Student Public Health Inspectors have been so successful in obtaining their qualifications at the first attempt. We are asked by many neighbouring Authorities to take students for practical meat inspection training and this has become a feature of the work of our Public Health Inspector on meat inspection duties. Training of students is an important part of our work and I must thank the Council for giving continuing support to the employment of students.

In the administration of the Clean Air Act the major item of interest was the installation of two new cupolas at a local foundry. These were taller that the cupolas they replaced, and thus more easily seen ; this, together with the reduced buoyancy of the exhaust gases caused by the improved wet washer grit arrestors, led to complaints from the local residents about smoke and smell coming from the works. It was felt that these complaints were in fact caused by the circumstance that during the work of installation the fumes from the electric arc furnace which had been discharged through a tall brick chimney were disconnected from this chimney and released to the atmosphere at low level. As soon as the connection to the chimney was remade the complaints ceased.

The emission of smoke from two furnaces burning wood waste was dealt with, in one case by the provision of better means of controlling the feed rate into the furnace, and in the other the firm concerned found another method of disposing of the wood waste and at the end of the year were changing over to oil fired equipment.

During July there was a re-occurrence of the bleaching and withering of vegetation and flowers in the Newark Road area, an event which received considerable publicity in the press and on the wireless and T.V. services and gave rise to several letters seeking information from distant parts of the country. The cause was almost certainly an accidental discharge of sulphur dioxide fumes during the installation of a new chemical process at a nearby works.

Further complaints of affected vegetation from nearby areas were found to be mainly caused by insects (Thripps and Aphis) and plant virus diseases.

The need for legislation to control the emission of smoke from the burning of cars, scrap metal and other refuse on industrial estates was again underlined. Section 16 of the Clean Air Act cannot be applied because there are no inhabitants in the area, and this Authority has no Local Act powers for dealing with this matter, so that although annoyance may be caused to other workers on the estate the only action that can be taken at present is to try to persuade the firms concerned to either instal proper incinerators or to dispose of their rubbish in some other way.

The daily recording of smoke and sulphur dioxide levels continued during the year, but the apparatus has not yet been in operation long enough for any definite trend to be apparent. Details of these results were supplied to two Universities to assist in research being carried out by them.

A variety of complaints about noise was received, including the loudness of neighbouring wireless sets, noise from off loading lorries, the cackling of hens and barking dogs, the alarm hooter on a tower crane, the engine of a soft ice cream van, and noise from night shifts at factories.

The installation of the cupolas referred to above removed one major source of noise nuisance. This was the flame combustion noise from the old cupolas which occurred inexplicably at irregular intervals ; the intensity at the cupola charging door was 130 dB, mainly in the 20-75 c/s octave band, giving the effect of a low pitched intense vibration in the neighbouring houses. Despite visits from consultant engineers, no solution was found to this problem, but fortunately the new cupolas have so far shown no tendency to produce this noise.

In the cases of what might be termed domestic complaints such as those about wireless sets, the complainants were advised of the provisions of the Noise Abatement Act whereby three occupiers of land or premises can apply to the Court for an Abatement Order, and of their right as individuals to apply for an injunction, the Department acting in these cases where a general nuisance was caused, mainly from industrial processes.

During the examination of plans of proposed new developments possible sources of noise nuisance were considered and appropriate suggestions made. In this connection advice was given on the soundproofing of two new skittle alleys. In one case objections had been made to the planning authority on the grounds of noise nuisance ; the alley was constructed according to specifications suggested by this Department, and has now been in regular use without giving rise to a single complaint.

During the year we lost the services of Mr. K. F. Rayner who left after only six months service with us ; Mr. A. Savery who had just previously qualified as a Public Health Inspector was appointed to fill the vacancy caused.

The following is a summary of the inspections made during the year 1965.

Public Health Acts

Dwelling Houses on Complaint	731
Work in Progress	33
Drain Tests	61
Dirty and Verminous Premises	9
Insect Infestations	64
Caravan Sites	34
Schools	9
Hairdressers	8
Cinemas, Fairs, etc.	19
Public Conveniences	530
Offensive Trades	52
Offensive Accumulations	10
Stables and Piggeries	12
Refuse Tips	19
Revisits	990

Housing Acts

Houses Inspected	219
Basement Dwellings	5
Houses in Multiple Occupation	2
Rent Act Inspections	—
Overcrowding	31
Revisits	137

Food and Drugs Act

Complaints re Food	93
Visits re above	51
Bakehouses	20
Butchers	67
Canteens, Clubs, etc.	48
Cafes, Restaurants	76
Fishmongers	20
Fried Fish Shops	8
General Shops	295
Sweetshops, Tobacconists	20
Dairies	28
Milk Distributors	10
Ice Cream Manufacturers	35
Ice Cream Vendors	8
Preparation and Storage	81
Wholesalers	130
Public Houses	25
Vehicles—Food	22
Vehicles—Ice Cream	—
Vehicles—Milk	—
Merchandise Marks Act	29
Slaughterhouses	2,762
Food Poisoning Enquiries	39
Revisits	116
Samples—Bacteriological	294
Samples—Biological	12
Samples—Food and Drugs Formal	140
Samples—Food and Drugs Informal	42
Samples—Water	3
Samples—Feeding Stuffs Formal	23
Samples—Feeding Stuffs Informal	—
Samples—Others	8

Clean Air Act

Inspections—Dwelling Houses	6
Inspections—Commercial Premises	11
Inspections—Factories	34
Inspections—Others	24
Smoke Observations ($\frac{1}{2}$ hours)	49
Revisits	678

Factories Act

Factories—Power	23
Factories—Non-Power	1
Outworkers	—
Revisits	9

Port Health

Vessels—Foreign Going	144
Vessels—Coastwise	3
Canal Boats	2
Rodent Control	5
Revisits	5

Offices, Shops and Railway Premises Act

General Inspections	
Offices	144
Retail Shops	287
Wholesale/warehouses	31
Catering establishments, canteens	38
Fuel storage depots	—
Other visits, revisits	322

Miscellaneous

Rodent Control—Dwelling Houses	70
Rodent Control—Business Premises	21
Rodent Control—Others	31
Revisits	6
Pet Animals	6
Pet Animals Revisits	4
Animal Boarding Establishments	2
Animal Boarding Establishments Revisits	—
Rag Flock Act	15
Rag Flock Act Revisits	5
Noise Nuisance	23
Noise Nuisance Revisits	130
Infectious Disease Enquiries	19
Infectious Disease Revisits	43
Others	1,943

The following is a summary of the notices served and complied with during 1965 together with outstanding notices complied with :—

Informal	*Served*	*Complied with*
Public Health Act	122	103
Food and Drugs Act	51	30
Factories—Power	4	1
Non-Power	2	2
Corporation Act	24	11
Offices, Shops and Railway Premises Act	295	39
Statutory		
Public Health Act	3	1
Corporation Act	30	8
Housing Act	3	1

HOUSING 1965

Orders confirmed during 1965—Compulsory Purchase and Clearance Orders

Title of Order	*Clearance Area Nos.*	*No. of Houses in Order*
Great Western Road No. 1 C.P.O. ..	161, 162, 163 and 164	24
Great Western Road No. 2 C.P.O. ..	165	19
St. Catherine Street No. 4 C.P.O. ..	166	2
Ducie Street No. 2 C.P.O.	167 and 168	8

	Number of Houses	Displaced	
		Persons	Families
Houses Demolished			
In Clearance Areas			
Houses unfit for human habitation ..	—	38	18
Not in Clearance Areas			
As a result of formal or informal action under Sec. 16 or Sec. 17 (1) Housing Act 1957	3	12	5
Local Authority houses certified unfit by the Medical Officer of Health..	—	—	—
Unfit Houses Closed			
Under Secs. 16 (4), 17 (1) and 35 (1), Housing Act, 1957	—	—	—
Parts of Buildings Closed			
Under Sec. 18 Housing Act, 1957 ..	—	—	—

Unfit Houses made Fit and Houses in which Defects were Remedied

(i) After informal action by Local Authority 111

(ii) After formal action under :

(a) Public Health Acts .. .. —

(b) Sections 9 and 16, Housing Act, 1957 .. .. —

Verminous Premises

Number of houses disinfested 73

All disinfestations were carried out with D.D.T. or B.H.C. compounds.

Offensive Trades

The following Offensive Trades were carried on in the City at the end of the year :

Tripe Boilers 1

Tallow and Fat Melters 1

Number of Inspections made of the above premises 52

Offices, Shops and Railway Premises Act 1963

General

No major problems were encountered during the year, but one point which might be considered in any future amendment of the Act is that of a minimum ceiling height under which floor space would not be counted for the overcrowding provisions, in a similar manner to that applied in the Housing Act. This would be of value when dealing with attic rooms with sloping ceilings and rooms in basements.

Sixteen accidents were notified. None of the injuries were serious, and were mainly due to mishaps incurred while handling goods. In only one case could a contravention of the safety provisions of the Act be considered to have been a contributory factor ; a formal warning was given to the firm concerned.

All plans of proposed new offices and shops submitted for planning and bye-law approval were examined and where necessary amendments suggested to ensure compliance with the Act ; a difficulty here is that frequently it is not known how the premises will be occupied.

The policy of serving informal notices where contraventions of the Act have been found has been continued. It is quite evident that many firms have done nothing to ensure that their premises comply with the Act, but have waited for an inspection to be made and the faults pointed out to them. The coming into force in January 1966 of the Sanitary Accommodation and Washing Facilities Regulations will provide a convenient date for the adoption of a more stringent policy, especially as many of the registered premises will be then receiving a second general inspection.

Although abstracts of the Act should now be displayed in all premises, and employees can check on the facilities they are entitled to they made no complaints or requests for visits.

Contraventions found during the year :—

relating to Sanitary Conveniences	79	relating to Drinking Water ..	9
Washing Facilities ..	162	Accommodation for Clothing	17
Cleanliness ..	126	Seating	26
Overcrowding ..	23	Fencing of Machinery	22
Temperature ..	24	Safety of floors stairs etc. ..	84
Provision of Thermometers	172	First aid equipment ..	180
Ventilation ..	45	Display of abstract of the Act	173
Lighting	42		

Lighting

1. Although the general impression is given that lighting in office rooms and shops is adequate (few notices were served for poor lighting), a comparison between readings obtained with a light meter and the recommendations of the Illuminating Engineering Society's Code presents a different picture, particularly for offices and staircases.

Shops appear to meet the I.E.S. standard better than offices, no doubt due to the need to attract custom, although this standard is low when compared with the lighting values obtained in one or two of the leading chain stores, where levels of over 100 lumens/sq. ft. were measured.

The following table shows how the offices inspected compare with the I.E.S. standard :—

Location	*I.E.S. Standard*	*Total Inspected*	*No. Below Standard*
Office rooms	30 lumens/sq. ft.	40	18
Staircases	10 ,, ,,	10	9
Corridors	7 ,, ,,	11	6
Sanitary Accommodation ..	10 ,, ,,	19	5

2. The following are examples of bad lighting found during inspections :—

Office staircase ..	light meter did not register a reading.
,, ,, ..	2 lumens/sq. ft.
Office Corridor ..	1 lumen/sq. ft.
Wholesale Shop ..	6 lumens/sq. ft.
Wholesale Storeroom	5 lumens/sq. ft.

3. No specific requests for advice on lighting have been received, but any advice given would be based on the I.E.S. Code until Regulations are made under the Act.

4. No instances of glare were observed, and, although questioned on this, no complaints were made by employees.

5. The intensity of illumination at working surfaces in offices was recorded as follows :—

	No. of Desks	*No. of Files*	*No. of other surfaces*
Less than 5 lumen/sq. ft.	—	3	3
More than 5 but less than 10 ..	4	8	2
,, ,, 10 ,, ,, ,, 15 ..	17	2	2
,, ,, 15 ,, ,, ,, 25 ..	23	7	3
,, ,, 25 ..	39	2	8

6. A comparison of average levels in shops with the I.E.S. Standard is given below :—

Location	*I.E.S. Standard*	*No. below Standard*	*No. Within Standard*	*No. Above Standard*
Selling Area	15-30 Lumens/ sq. ft.	3	5	15
Store Rooms	20 lumens/sq. ft.	12	5	—

7. It is felt that as the brightness of lighting is easily measured, standards should be laid down based on the I.E.S. Code.

For offices any standard made should preferably relate to working surfaces, as in many older buildings the lighting installation has not been scientifically planned, or it is difficult to arrange the furniture to take the best advantage of the existing lighting ; a standard based on an average general intensity for office rooms could leave many working surfaces poorly lit, as the following recorded measurements show :—

Average Intensity (Centre of Room)	*Intensity at Working Surfaces (Desks) in the room*			
18	12	12	12	20
38	18	40		
30	12	28		
40	25	20		
50	22	34	12	

TABLE A. Registrations and General Inspections—1965.

	Registered during the year	*On Register at the end of year*	*Inspected during the year*
CLASS OF PREMISES			
Offices	25	322	144
Retail Shops	36	513	287
Wholesale Shops, Warehouses	4	66	31
Catering Establishments open to the public	4	80	38
Fuel Storage Depots	—	5	—
Totals	69	986	500

TABLE B. Number of visits of all kinds to registered premises 822.

TABLE C.

Class of Workplace	*Number of persons employed*
Offices	3,553
Retail Shops	4,037
Wholesale Shops, Warehouses	804
Catering Establishments open to the Public	914
Canteens	77
Fuel Storage Depots	17
Total	9,402
Total Males	4,104
Total Females	5,298

TABLE D.

Two applications for exemption were received.
One under sec. 9 (Sanitary Conveniences).
One under sec. 10 (Washing Facilities).
Both applications were refused.

TABLE E.

No prosecutions were made.

Rodent Control

	Type of Property				
	Non-Agricultural				(5)
	(1) Authority	(2) Dwelling Houses (inc. Council Houses)	(3) All Other (including Business Premises)	(4) Total of (1), (2) and (3)	Agricultural
1. No. of properties in Local Authority's District (Notes 1 and 2) ..	67	20,624	4,115	24,806	5
2. No of properties inspected as a result of :					
(a) Notification ..	10	262	87	359	1
(b) Survey under the Act ..	34	252	58	344	—
(c) Otherwise (i.e. when visited primarily for some other purpose)	23	2,394	2,645	5,062	3
3. No of properties inspected (in Sec. 2) which were found to be infested by :					
(a) Rats ..Major	—	—	—	—	—
..Minor	16	194	74	284	1
(b) Mice ..Major	—	—	—	—	—
..Minor	11	126	50	187	—
4. No. of infested properties (in Sec. 3) treated by the L.A.	27	320	120	467	1

Factories Act, 1961

Part I of the Act

Inspections for purposes of provisions as to health.

Premises	Number on Register	Number of		
		Inspections	Written Notices	Occupiers Prosecuted
Factories in which Sections 1, 2, 3, 4 and 6 are enforced by the Local Authority	28	1	—	—
Factories not included above in which Section 7 is enforced by the Local Authority	366	23	4	—
Other premises in which Section 7 is enforced by the Local Authority (not including out-workers' premises)	—	—	—	—
Total	394	24	4	—

Cases in which Defects were found.

Particulars	Number of cases in which Defects were found				Number of cases in which Prosecutions were Instituted
	Found	Remedied	Referred		
			To H.M. Inspector	By H.M. Inspector	
Want of cleanliness (S.1) . .	—	—	—	—	—
Overcrowding (S.2) . .	—	—	—	—	—
Unreasonable temperature (S.3)	—	—	—	—	—
Inadequate ventilation (S.4)	—	—	—	—	—
Ineffective drainage of floors (S.6)	—	—	—	—	—
Sanitary Conveniences (S.7)					
(a) insufficient	—	—	—	—	—
(b) unsuitable or defective	4	4	—	4	—
(c) not separate for the sexes	—	—	—	—	—
Other offences against the Act (not including offences relating to Outwork) . .	—	—	—	—	—
Total	4	4	—	4	—

Outwork

PART VIII OF THE ACT (SECTIONS 110 AND 111)

Nature of Work	Section 110			Section 111		
	Number of out-workers in August list req'd by Sect. 110 (1) (c)	Number of cases of default in sending lists to the Council	Number of prosecutions for failure to supply lists	Number of instances of work in unwholesome premises	Notices Served	Prosecutions
Wearing apparel. Making, etc.	2	—	—	—	—	—
Cleaning and Washing	—	—	—	—	—	—
TOTAL	2	—	—	—	—	—

SECTION F

INSPECTION AND SUPERVISION OF FOOD

Type of Premises	*Number*
Registered or Licensed Food Premises	
Dairies	4
Distributors of Milk	84
Untreated Milk—Dealer's Licences	2
Pasteuriser's Licences	2
Dealer's (Pre-packed Milk) Licences	95
Ice-Cream—Manufacturers, Hot Mix	3
,, ,, Soft Mix	3
Ice-Cream Vendors	276
Preserved Meat	33

Food Hygiene (General) Regulations 1960

Category	No. of Premises	No. complying with Sec. 16 Food Hyg. Regs.	No. of premises to which Sec. 19 Food Hyg. Regs. applies	No. complying with Sec. 19 Food Hyg. Regs. 1960
Dairies	2	2	2	2
Ice Cream Manufacturers				
Hot Mix	3	3	3	3
Soft Mix	3	3	3	3
Bakehouses	15	15	15	15
Butchers' Shops	53	40	53	53
Cafes, Restaurants and Canteens	132	123	132	132
Wet and Fried Fish Shops	28	25	28	28
Gen. Food Shops	212	201	192	165
Greengrocers	41	33	28	26
Public Houses, Clubs, Off Licences	130	128	125	125
Wholesale Premises	23	22	16	16
Food Factories	8	8	8	8
Sweets and Tobacco	62	59	12	12

The Milk (Special Designations) Regulations, 1963

The results of samples of milk taken under the above Regulations were as follows :—

Designation	Methylene Blue Test		Phosphatase Test		Biological Exam. (Tuberculosis)		Turbidity Test	
	Satis.	Unsatis.	Satis.	Unsatis.	Pos.	Neg.	Pos.	Neg.
Pasteurised ..	116	4	115	1	—	—	—	—
Sterilised ..	—	—	—	—	—	—	—	13
Untreated ..	8	—	—	—	—	8	—	—
TOTAL ..	124	4	115	1	—	8	—	13

MILK SUPPLIES—BRUCELLA ABORTUS.

Number of samples of raw milk examined 8
Number of positive samples found .. .. Nil
Action taken in respect of positive samples—Not applicable.

THE LIQUID EGG (PASTEURISATION) REGULATIONS, 1963.

Number of egg pasteurising plants in the city .. .. .. Nil
Number of samples of liquid egg submitted to the Alpha-Amylase test 2
Number of samples found to be satisfactory 2

Food and Drugs Act, 1955

The number of samples taken for analysis during the year was as follows :—

Number Taken	Satisfactory		Unsatisfactory	
	Formal	Informal	Formal	Informal
182	138	38	2	4

Ice Cream

The number of samples taken for analysis during the year was as follows :—

Number Taken	Grade I	Grade II	Grade III	Grade IV	Void
102	86	6	1	—	9

In addition 34 samples of Ice Cream (including Sno-creme) were taken for Plate Count and of these 34 were satisfactory. 22 Water Ices were taken for pH Valuation and of these 22 were satisfactory.

Other Sampling

51 samples were sent to the Public Analyst or to the Public Health Laboratory Service which were suspected of causing food poisoning, or containing a foreign body or were in some manner an abnormal food sample.

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23 Formal samples were taken and submitted to the Agricultural Analyst under the Fertilisers and Feeding Stuffs Act 1926.

Carcases Inspected and Condemned during the year 1965

	Cattle excl. Cows	Cows	Calves	Sheep and Lambs	Pigs
Number killed and inspected ..	18,547	169	248	77,099	66,720
All Diseases except Tuberculosis ..					
Whole carcases condemned ..	1	7	7	194	178
Carcases of which some part or organ was condemned.. ..	4,913	33	5	7,613	10,390
Percentage of the number inspected affected with disease other than Tuberculosis ..	26·5	29·9	4·8	10·1	15·8
Tuberculosis Only					
Whole carcases condemned ..	—	—	—	—	2
Carcases of which some part or organ was condemned.. ..	1	—	—	—	768
Percentage of the number inspected affected with Tuberculosis	0·005	—	—	—	1·15
Cysticercus Bovis Only					
Whole carcases condemned ..	—	—	—	—	—
Carcases of which some part or organ was condemned.. ..	25	—	—	—	—
Percentage of the number inspected affected with Cysticercus Bovis	0·13	—	—	—	—

Total Weight of Unsound Food found and disposed

	Tons	*Cwts.*	*Qrs.*	*Lbs.*
Meat and Offal	71	15	1	20
Other Foods ..	10	2	5	1
Total ..	81	18	2	21

Slaughterhouses

Number of Licensed Slaughterhouses in the City	3
Number of visits to Slaughterhouses for inspection of carcases	2,762

Food Poisoning

Total number of outbreaks	—
Number of cases	1
Number of deaths	Nil
Organisms responsible	Not identified
Food involved	Not identified

Prosecutions.

1. Dirty Milk Bottle. Fine £20.
2. Glass in churn. Pleaded Warranty. Case Dismissed.
3. Mice contamination of Breakfast Food. Fine £20.

SECTION G

PORT HEALTH

Section I—Staff.

Table A

Name of Officer	Nature of Appointment	Date of Appointment	Qualifications	Other Appointments held
Dr. P. T. Regester . .	Port Medical Officer	29·7·63	M.R.C.S., L.R.C.P., D.P.H.	Medical Officer of Health, City of Gloucester.
Dr. M. M. G. Gray	Deputy Port Medical Officer	10·2·64	B.Sc., M.B., B.Ch., D.P.H.	Deputy Medical Officer of Health, City of Gloucester.
R. I. Williams	Port Health Inspector	1·1·52	D.P.A., M.A.P.H.I.	Chief Public Health Inspector, City of Gloucester.
G. W. Alexander	Assistant Port Health Inspector	24·9·56	D.M.A., M.A.P.H.I.	Public Health Inspector, City of Gloucester.
Capt. H. H. Burbridge	Assistant Port Health Inspector	7·3·55	Master Mariners' Certificate Board of Trade	Harbour Master

Address and telephone number of the Medical Officer of Health —
Health Department, Greyfriars, Gloucester.
Gloucester 24416–7
Telegraphic Address—Portelth, Gloucester.

Section II—Amount of Shipping Entering The District During The Year.

Table B

Ships from	Number	Tonnage	Number Inspected		Number of ships reported as having or having had during the voyage infectious disease on board
			By the M.O.H.	By the P.H.I.	
Foreign Ports	145	74,197	1	144	—
Coastwise	3,818	335,632	—	3	—
Total	3,963	409,829	1	147	—

Section III—Character of Shipping and Trade During The Year.

Table C

Passenger Traffic		Number of Passengers inward — 8 Number of Passengers outward — Nil
Cargo Traffic	Principal Imports	— Timber, Grain, Fertiliser, Telegraph Poles, Pit Props, Apple Pomace.
	Principal Exports	— Scrap Metal and General Cargo.
Principal Ports from which ships arrive		— France, the Low Countries, Scandinavia, the Baltic Countries and Russia.

Section IV—Inland Barge Traffic.

The tonnage is included in the Coastwise figure in Table B and the main traffic is with petrol, timber and grain to Gloucester, Worcester and Stourport. The cargoes coming from Avonmouth.

Section V—Water Supply.

Mains water supply from the North Gloucestershire Water Board has been made available to shipping at both Sharpness Docks and Gloucester Docks.

Section VI—Public Health (Ships) Regulations 1952.

A summary of the list of infected areas, amended periodically, is distributed to all concerned.

Any radio message received at any of the Bristol Channel receiving stations is telephoned immediately to the Authorities at Sharpness or to the telegraphic address of the Port Medical Officer.

Mooring stations are provided at (a) the South Western extremity of the Floating Docks, (b) the tidal basin, (c) Northwick Buoy.

Hospital accommodation for infectious diseases (other than smallpox) is at Over Hospital, Gloucester, where persons and their clothing would be disinfected.

Section VII—Smallpox.

Cases of Smallpox would be taken to the Bristol Smallpox Hospital.

Section VIII—Venereal Disease.

Information given where there are facilities in the area for the diagnosis and treatment of venereal disease.

Section IX—Cases of Notifiable and Other Infectious Diseases On Ships.

Table D—Nil.

Section X—Observations on the Occurrence of Malaria In Ships.

Nil.

Section XI—Measures Taken Against Ships With Or Suspected Of Plague.

Nil.

Section XII—Measures Against Rodents In Ships From Foreign Ports.

All ships arriving from Foreign Ports are inspected by the Port Health Inspector for evidence of Rodents.

Ships and warehouses in Gloucester Docks are kept under the supervision of the City Rodent Officer.

Bacteriological and pathological examinations of rodents is carried out at the Gloucestershire Royal Hospital, Southgate Street.

Table E

Rodents destroyed in the year from Foreign Ports	Nil

Table F

Deratting Certificates and Deratting Exemption Certificates issued during the year for ships from foreign ports.

Number of Deratting Certificates Issued					Number of Deratting Exemption Certificates Issued	Total Certificates Held
After Fumigation With		After Trapping	After Poisoning	Total		
H.N.C.	Other Fumigant					
Nil	Nil	Nil	Nil	Nil	18	18

Section XIII—Inspection of Ships For Nuisance.

Table G

Inspections and Notices.

Nature and Number of Inspections		Notices Served		Result of Serving Notice
		Statutory	Others	
British	7	—	—	
Foreign	141	—	—	
Total	148	—	—	

SECTION H

STATISTICS

General Statistics

Estimated area of City	5,347 acres
Registrar General's Estimated Mid-year Home Population	72,240
Area Comparability Factors—Births	0.99
Deaths	1.04
Rateable Value, 1st April, 1965	£2,681,078
Estimated sum represented by Penny Rate	£11,250

Vital Statistics, 1956 - 1965

Live Births

Year	Legitimate		Illegitimate		Total	Birth rate per 1,000 estimated resident population	
	Male	Female	Male	Female		Gloucester	England and Wales
1965	697	693	84	63	1,537	21·3	18·1
1964	680	692	93	84	1,549	21·6	18·4
1963	683	658	79	84	1,504	21·2	18·2
1962	649	626	70	49	1,394	19·9	18·0
1961	638	637	38	51	1,364	19·5	17·4
1960	669	584	42	46	1,341	19·5	17·1
1959	587	576	52	39	1,254	18·4	16·5
1958	590	551	28	36	1,205	17·6	16·4
1957	524	559	41	31	1,155	17·0	16·1
1956	585	518	32	31	1,166	17·3	15·7

Stillbirths

Year	Male	Female	Total	Rate per 1,000 live and still births	
				Gloucester	England & Wales
1965	15	14	29	18·5	15·7
1964	11	11	22	14·0	16·3
1963	11	11	22	14·4	17·2
1962	15	14	29	20·3	18·1
1961	9	21	30	21·5	19·0
1960	15	22	37	27·6	20·0
1959	16	11	27	21·0	21·0
1958	16	15	31	25·7	22·0
1957	10	10	20	17·0	22·5
1956	12	14	26	22·3	22·9

Deaths

Year	Male	Female	Total	Death rate per 1,000 estimated resident population	
				Gloucester	England & Wales
1965	399	358	757	10·5	11·5
1964	405	396	801	11·2	11·3
1963	457	412	869	12·3	12·2
1962	404	383	787	11·2	11·9
1961	405	369	774	11·1	12·0
1960	387	326	713	10·4	11·5
1959	406	378	784	11·5	11·6
1958	367	369	736	10·8	11·7
1957	413	341	754	11·1	11·5
1956	376	354	730	10·8	11·7

Causes of Death

Causes of Death	Sex	AGE					Total
		0–25	26–45	46–65	66–75	76+	
Respiratory Tuberculosis ..	M	—	—	—	2	—	2
	F	—	—	—	—	—	—
Cancer—All forms	M	—	6	28	26	11	71
	F	—	4	25	14	24	67
Heart and circulatory diseases	M	—	6	55	48	79	188
	F	—	2	24	59	121	206
All other causes	M	25	14	31	23	45	138
	F	11	4	14	17	39	85
Total Deaths	M	25	26	114	99	135	399
	F	11	10	63	90	184	358
		36	36	177	189	319	757

Maternal Mortality

Year	Deaths caused by Pregnancy Childbirth or Abortion	Rate per 1,000 live and still births	
		Gloucester	England & Wales
1965	1	0·64	0·25
1964	1	0·64	0·26
1963	—	—	0·28
1962	—	—	0·35
1961	—	—	0·33
1960	—	—	0·39
1959	—	—	0·38
1958	1	0·83	0·43
1957	—	—	0·46
1956	1	0·84	0·56

Infant Mortality

Year	Number of deaths of infants under one year of age			Death rate of legitimate infants per 1,000 legitimate live births	Death rate of illegitimate infants per 1,000 illegitimate live births	Death rate of all infants per 1,000 live births
	Legitimate	Illegit-imate	Total			
1965	20	4	24	14·4	27·2	15·6
1964	35	4	39	25·5	22·6	25·2
1963	35	6	41	26·1	36·8	27·2
1962	25	3	28	19·6	25·0	20·1
1961	21	3	24	16·5	33·6	17·6
1960	30	2	32	23·9	22·7	23·8
1959	27	3	30	23·2	33·0	23·9
1958	30	—	30	26·3	—	25·3
1957	18	2	20	16·6	27·7	17·3
1956	30	2	32	27·2	31·7	27·4

Causes of death of infants under one year of age

Congenital Malformations	4
Gastritis, enteritis and diarrhoea	—
Pneumonia	4
Whooping Cough	—
Accidents	3
Other defined or ill-defined diseases	13
	24

Causes of Neo-Natal death (of children dying within the first four weeks of being born) included in Infant Mortality figures quoted above.

Congenital Malformations	2
Pneumonia	—
Other defined or ill-defined diseases	12
	14

The neo-natal death rate was, therefore, 9.1 per 1,000 live births, as compared with 13.0 for England and Wales.

Prematurity and Stillbirths

Notified Premature Live and Stillbirths—Analysis by birth weight and mortality.

Birth Weight Groups	Premature Live Births	Deaths within 24 hours of birth	Deaths within 28 days of birth	Premature stillbirths
2 lb. 3 oz. or less . .	3	2	—	4
2 lb. 4 oz.—3 lb. 4 oz.	12	5	1	7
3 lb. 5 oz.—4 lb. 6 oz.	17	1	—	2
4 lb. 7 oz.— 4 lb. 15 ozs.	25	2	—	1
5 lb.—5 lb. 8 ozs. . .	76	—	—	1
Total	133	10	1	15

The total number of premature live births notified show an incidence of 8.65% of all live births. The figure for England and Wales for 1964 was 6.4%. 51.7% of all stillbirths were notified premature. This compares with 56.8% for England and Wales in 1964. The overall incidence of prematurity among the total live and stillborn infants was 9.4% as compared with 7.2% for England and Wales in 1964.

Incidence of Cancer Deaths

Year	Deaths from Cancer	Percentage of total deaths registered	Death rate per 1,000 population	Age Distribution					
				0—45		46—65		66 plus	
				Male	Female	Male	Female	Male	Female
1965	138	18·2	1·9	6	4	28	25	37	38
1964	156	19·5	2·2	7	2	29	29	40	49
1963	134	15·4	1·9	4	3	29	21	47	30
1962	135	17·1	1·9	6	3	38	27	36	25
1961	132	17·0	1·0	2	—	33	24	35	38
1960	138	19·3	2·0	1	4	36	14	50	33
1959	139	17·7	2·0	4	7	27	27	32	42
1958	126	17·1	1·8	8	4	28	19	27	40
1957	108	14·4	1·6	6	2	29	14	24	33
1956	126	17·3	1·9	2	5	38	29	27	25
1955	133	17·3	2·0	7	6	28	23	30	39
1954	129	17·6	1·9	5	5	26	29	33	31
1953	98	13·4	1·5	5	6	13	18	27	29
1952	112	16·4	1·7	4	6	24	11	36	31
1951	122	14·9	1·7	2	7	33	18	36	26
1950	120	15·6	1·8	4	9	31	18	27	31
1949	110	14·3	1·7	1	8	23	23	27	28
1948	106	14·5	1·6	3	5	24	16	30	28
1947	108	14·4	1·7	4	9	17	23	29	26
1946	118	15·4	1·9	1	6	23	22	33	33
1945	102	12·9	1·6	7	11	19	11	28	26
1944	110	15·4	1·8	4	2	18	27	27	32
1943	111	13·0	1·9	2	6	16	30	29	28
1942	114	14·8	1·8	4	5	17	25	27	36
1941	97	12·0	1·5	4	6	13	22	31	21
Total	3,022	—	—	103	131	640	545	805	798

Analysis of Cancer Deaths

Year	Stomach		Lung and Bronchus		Breast		Uterus	Other (Including leukaemia)		Total		Total
	Male	Female	Male	Female	Male	Female		Male	Female	Male	Female	
1965	8	10	27	4	1	14	10	35	29	71	67	138
1964	9	6	23	7	—	17	6	44	44	76	80	156
1963	12	8	30	2	1	8	6	37	30	80	54	134
1962	9	8	31	5	—	14	5	40	23	80	55	135
1961	11	11	21	3	—	15	3	38	30	70	62	132
1960	16	6	31	2	—	16	1	40	26	87	51	138
1959	17	12	19	8	—	13	4	27	39	63	76	139
1958	5	5	26	3	1	14	5	31	36	63	63	126
1957	14	9	14	1	—	7	5	31	27	59	49	108
1956	11	6	21	2	—	16	5	35	30	67	59	126
Total	112	81	243	37	3	134	50	358	314	716	616	1332

Care of Mothers and Young Children
Clinic Services

1. Ante-Natal and Post-Natal Clinics

Number of women in attendance—Ante-Natal examination	..	2,561
Post-Natal examination	..	232
Number of sessions held by—Medical Officers	.. ..	—
Midwives	.. .. ..	150
General Medical Practitioners	..	98
Hospital Medical Staff	.. ..	202
Total	.. ..	450

2. Ante-Natal Mothercraft and Relaxation Classes

Number of women who attended during the year :

(a) Institutional booked	.. ..	202
(b) Domiciliary booked	.. ..	188
Total	.. ..	390
Total number of attendances during the year	.. .. ..	1,787

3. Infant Welfare Centres

Number of children who attended during the year :

(a) born in 1965	.. ..	1,177
(b) born in 1964	.. ..	893
(c) born 1960-1963	.. ..	458
Total	.. ..	2,528

Number of sessions held by	(a)	Medical Officers	—
	(b)	Health Visitors	16
	(c)	General Medical Practitioners	462
	(d)	Hospital Medical Staff ..	—
		Total	478
Number of children referred elsewhere	.. ..		20
Number of children on "at risk" register at end of year	..		170

Dental Service for Expectant and Nursing Mothers and Young Children

1. Number of Cases

	Number of persons examined during the year	Number of persons who commenced treatment during year	Number of courses of treatment completed during year
Expectant and Nursing Mothers	526	306	167
Children aged under 5 and not eligible for school dental service	178	168	57
Total	704	474	224

2. Dental Treatment Provided

	Scalings and Gum Treatment	Fillings	Silver Nitrate Treatment	Crowns and Inlays	Extractions	General Anaesthetics	Dentures provided		Radiographs
							Full upper or lower	Partial upper or lower	
Expectant and Nursing Mothers	138	163	4	3	494	82	26	22	8
Children aged under 5 and not eligible for school dental service	19	78	31	—	253	164	—	—	—
Total	157	241	35	3	747	246	26	22	8

3. Number of dental officer sessions (i.e. equivalent half days) devoted to maternity and child welfare patients during the year 164

Distribution of Welfare Foods

Number of items sold during the year —

National Dried Milk—tins	28,758
Cod Liver Oil—bottles	1,986
A and D Vitamin Tablets—packets	4,489
Orange Juice—bottles	24,682
Ribena—bottles	6,805
Rose Hip Syrup—bottles	5,110

Care of Unmarried Mothers

Statistical Report on the work of the City of Gloucester Deanery Association for Social Work.

1. Ages of expectant mothers at the time of referral.

	1963	1964	1965
14 years	—	—	1
15 ,,	5	4	5
16 ,,	13	11	5
17 ,,	11	14	13
18 ,,	11	10	12
19 ,,	10	11	15
20 ,,	11	12	8
21—25 years	18	18	16
Over 25 years	19	24	24
Age not known	4	3	3
Total	102	107	102

2. Analysis of new cases.

	1964	1965
Illegitimacy	97	102
Family and other problems	16	28
Babies placed with adopters	6	7
Total	119	137

3. Financial Assistance for maintenance in Mother and Baby Homes received from City Council.

	1963	1964	1965
No. of applications made	35	24	18

DOMICILIARY MIDWIFERY

Statistical review of the year's work carried out by the Gloucester District Nursing Society, acting as Agents for the local authority.

1. Number of confinements attended by midwives :—

Doctor booked	541
Doctor not booked	4
Total	545
Number of cases delivered in hospitals and other institutions, but discharged and attended by domiciliary midwives before the tenth day	430

2. Number of visits by domiciliary midwives :—

Midwifery	9,999
Ante-Natal	6,237
Post-Natal	46
Early discharges	3,117

3. Number of pupil midwives who have completed training during the year as part of a Part II Midwifery Course.

Partly on the district	24

Number in training at the end of the year

Partly on the district	15

HEALTH VISITING SERVICE

1. **Visiting**

	Number of Cases	*Visits*
Children born in 1965	1,603	8,965
Children born in 1964	1,572	5,105
Children born 1960 – 1963	4,538	9,009
Persons aged 65 or over, at the special request of a general practitioner or hospital	25	25
Other persons aged 65 or over	456	664
Mentally disordered persons, at the special request of a general practitioner or hospital	3	3
Other mentally disordered persons	44	56
Persons discharged from hospital (excluding maternity or from mental hospitals) at the special request of a general practitioner or hospital	20	128
Other persons discharged from hospital (excluding maternity or from mental hospitals)	54	54
Tuberculous households	338	364
Other Infectious diseases	703	703
Expectant mothers	741	1,000
Post-Natal	85	85
School Health follow-up	1,038	1,038
Others	1,629	1,629
Unsuccessful	—	4,664
Total	12,849	33,492

2. **Clinics etc.**

Vaccination and Immunisation Clinics	142
B.C.G. and Deaf Testing Clinics	56
School Health Inspections	237
School Minor Ailments Clinics	194
Cleanliness Inspections at Schools	274
Hospital Out-Patient Clinics	92
Health Education Talks (excluding Mothercraft and Relaxation Classes)	48
Other Clinics	1,625
Total	2,668

HOME NURSING

Statistical review of the year's work carried out by the Gloucester District Nursing Society, acting as Agents for the local authority.

1. Number of cases attended :—

Aged under 5 years	136
Aged 65 years and over	861
Maternity Nursing (early discharges from the City Maternity Hospital)	92
Others	884
Total	1,973

2. Number of visits made :—

Aged under 5 years	1,042
Aged 65 years and over	35,593
Maternity Nursing	794
Others	17,243
	54,672

VACCINATION AND IMMUNISATION

1. **Against Smallpox**

	Vaccinated	*Revaccinated*
Aged under 1	25	—
Aged 1	177	2
Aged 2—4	73	15
Aged 5—14	37	23
Aged 15 and over	67	214

2. **Against Tuberculosis**

	Contact Scheme	*School Children Scheme*
Number skin tested	57	897
Number found positive	5	182
Number found negative	52	715
Number vaccinated	—	701

3. **Against Diphtheria, Whooping Cough, Tetanus and Poliomyelitis**

	Born in					*Others*	
	1965	1964	1963	1962	1958–1961	*under age* 16	*Total*
(a) **Primary Courses**							
Quadruple-Diphtheria/Tetanus/Whooping Cough and Poliomyelitis ..	7	2	—	—	—	—	9
Triple-Diphtheria/Tetanus/Whooping Cough	394	463	34	10	6	—	907
Diphtheria/Whooping Cough	—	—	—	—	—	—	—
Diphtheria/Tetanus	—	—	1	—	108	—	109
Diphtheria ..	—	—	—	—	—	—	—
Whooping Cough	—	—	—	—	—	—	—
Tetanus	—	—	—	—	—	2	2
Poliomyelitis-Injection	—	7	4	2	3	1	17
Poliomyelitis-Oral	129	693	120	66	42	14	1,058
Totals-Diphtheria	401	465	35	10	114	—	1,025
Whooping Cough ..	401	465	34	10	6	—	916
Tetanus ..	401	465	35	10	114	2	997
Poliomyelitis	129	700	124	68	45	15	1,081

	Born in					*Others*	
	1965	1964	1963	1962	1958–1961	*under age* 16	*Total*
(b) **Reinforcing Doses**							
Quadruple-Diphtheria/Tetanus/Whooping Cough and Poliomyelitis ..	—	—	—	—	—	—	—
Triple-Diphtheria/Tetanus/Whooping Cough	—	8	—	—	—	—	8
Diphtheria/Tetanus	—	212	379	26	670	—	1,287
Diphtheria ..	—	—	2	—	33	—	35
Whooping Cough	—	—	—	—	—	—	—
Tetanus	—	—	—	—	1	4	5
Poliomyelitis-Injection	—	—	—	—	5	—	5
Poliomyelitis-Oral	—	—	—	—	604	—	604
Totals-Diphtheria	—	220	381	26	703	—	1,130
Whooping Cough	—	8	—	—	—	—	8
Tetanus	—	220	379	26	671	4	1,300
Poliomyelitis	—	—	—	—	609	—	609

(c) **Immunisation against Poliomyelitis—aged over 16**

Number of persons completing course

Aged 16—20	63
Aged 21—30	18
Others	211
Total	292

PREVENTION OF ILLNESS, CARE AND AFTER-CARE

(a)	Number of recuperative holidays granted		11
	Number of recuperative holidays provided by voluntary agencies, where national and local schemes are not applicable		108
(b)	Number of persons in receipt of free milk at the end of the year		15
(c)	Equipment on loan—	(i) Mattresses	3
		(ii) Blankets	27
		(iii) Bedsteads	3
		(iv) Sheets	14
		(v) Pillows	1
		(vi) Sputum cups	2
(d)	Chiropody Service—Number of new cases		211
	Number of patients treated		2,985
	Number of patients on register at end of year		668
	Number of Chiropodist sessions ..		478

REPORT ON MINIATURE MASS RADIOGRAPHY SERVICE

Sites visited during 1965, and numbers x-rayed by Mass Radiography Service.

Date	*Site*	*Male*	*Female*	*Total*
JANUARY				
5 – 6	Gloucester Foundry Ltd.	412	5	417
7 – 8	Permali Ltd.	381	132	513
29 – 1 Feb	Gloucestershire Training College ..	3	378	381
FEBRUARY				
2 – 5	Horton Road Hospital	40	54	94
12 – 15	Coney Hill Hospital	55	53	108
16	Gloucester Royal Hospital, Southgate Street	23	105	128
17 – 18	H.M. Prison	186	—	186
19	Gloucester Extrusion Co. Ltd.	127	74	201
JUNE				
4	Saintbridge House Old People's Home ..	24	31	55
4	Bohanam House Old People's Home ..	—	25	25
4	Heathville House, Old People's Home ..	13	13	26
JULY				
9	Midlands Electricity Board	119	66	185
16 – 20	The Docks	249	125	374
21 – 23	R.A.F. Records	200	381	581
AUGUST				
4	H.M. Prison	175	—	175
5 – 6	Gloucester Royal Hospital, Southgate Street	16	21	37
SEPTEMBER				
3	Hatherley Works, Melbourne Street ..	79	33	112
OCTOBER				
15	Simon-Barron Ltd.	224	26	250
22 – 26	Gloucester Engineering Co. Ltd. ..	392	38	430
26 – 27	Stephens Cabinet Incubator Co. Ltd. ..	160	43	203
28	Williams & James Ltd.	161	40	201
NOVEMBER				
22 – 25	Bon Marche	265	354	619
DECEMBER				
21	Impregnated Diamond Co. Ltd. ..	152	44	196
22	H.M. Prison	158	2	160
	Surveys held fortnightly for the benefit of General Practitioner cases :—			
	Gloucester Royal Hospital, Great Western Road	2,573	2,318	4,891
	TOTAL ..	6,187	4,361	10,548

Report of Examinees from Gloucester City during the period January 1st—December 31st, 1965.

	Male	*Female*	*Total*
Number examined ..	4,813	2,861	7,674
Abnormalities detected	45	10	55
Being investigated ..	—	—	—

Analysis of Tuberculosis Cases

Active Tuberculosis—Close Clinical Supervision	*Under* 15	15/24	25/34	35/44	45/59	60 & *Over*	*Total*
Male		4	3	3	1	1	12
Female			1	1			2
Total ..		4	4	4	1	1	14

Under Observation—Occasional Out-Patient Supervision

Male				1		1	2
Female					1		1
Total ..				1	1	1	3

Tuberculosis—Healed

Male				1	3		4
Female				1			1
Total ..				2	3		5

Non-Tuberculosis Cases	*Male*	*Female*	*Total*
Abnormality of the Diaphragm	1	—	1
Acquired Cardiac Lesion	2	1	3
Bacterial and Virus Infections of the Lungs ..	2	2	4
Bronchial Carcinoma	6	—	6
Benign Tumours	1	1	2
Bronchitis and Emphysema	3	—	3
Bronchiectasis	2	1	3
Congenital Cardiac Lesion	1	—	1
Pleural Effusion and Empyema	1	—	1
Pleural Scars from Shrapnel	1	—	1
Pleural Thickening	2	—	2
Pneumoconiosis	5	—	5
Sarcoidosis	—	1	1
Total	27	6	33

HOME HELP SERVICE

Number of cases provided with help during the year.

1.	Aged 65 or over—	
	(a) Chronic sick and tuberculous	—
	(b) Mentally disordered	1
	(c) Others	459
2.	Aged under 65—	
	(a) Chronic sick and tuberculous	17
	(b) Mentally disordered	10
	(c) Maternity	32
	(d) Care of children	9
	(e) Acute illness	40
	(f) Others	2
3.	Total number of cases	570

REPORT ON THE MENTAL HEALTH SERVICE

	Under age 16		*Aged 16 and over*	
	Male	*Female*	*Male*	*Female*
1. Number of patients referred during the year —				
(a) Mentally ill—				
(i) General practitioners	2	1	10	50
(ii) Hospitals, on discharge from in-patient treatment	—	—	13	52
(iii) Hospitals, after or during out-patient or day treatment	—	—	3	5
(iv) Police and Courts	—	—	1	2
(v) Other sources	35	20	10	41
(b) Psychopathic—				
(i) General practitioners	—	—	—	—
(ii) Hospitals, on discharge from in-patient treatment	—	—	—	—
(iii) Hospitals, after or during out-patient or day treatment	—	—	—	—
(iv) Police and Courts	—	—	—	1
(v) Other sources	—	—	1	—

	Under age 16		*Aged 16 and over*	
	Male	*Female*	*Male*	*Female*
(c) Subnormal—				
(i) General practitioners ..	—	—	—	—
(ii) Hospitals, on discharge from in-patient treatment	—	—	2	1
(iii) Hospitals, after or during out-patient treatment	—	—	—	—
(iv) Education Authority ..	1	1	—	—
(v) Police and Courts ..	—	—	1	—
(vi) Other sources	—	—	1	1
(d) Severely Subnormal—				
(i) General practitioners ..	—	1	—	—
(ii) Hospitals, on discharge from in-patient treatment	—	—	1	2
(iii) Hospitals, after or during out-patient or day treatment	—	—	—	—
(iv) Education Authority ..	—	1	—	—
(v) Police and Courts ..	—	—	—	—
(vi) Other sources	1	1	—	—
Total number of referrals during the year	39	25	43	155
Number of referrals at G.P.s' surgeries (included in above) ..	—	—	2	40
2. Number of patients under local authority care at the end of the year—				
(a) Mentally ill	35	20	38	173
(b) Psychopathic	—	—	1	1
(c) Subnormal—				
(i) Attending Training Centre	5	1	6	3
(ii) Awaiting entry to Training Centre	—	—	—	—
(iii) Resident in residential homes or hostels ..	—	—	—	—
(iv) Under guardianship (included in above) ..	—	—	—	—
(v) Others	—	—	24	11
(d) Severely subnormal—				
(i) Attending Training Centre	10	5	8	12
(ii) Awaiting entry to Training Centre	—	—	—	—
(iii) Resident in residential homes or hostels ..	—	—	—	1
(iv) Under guardianship (included in above) ..	—	—	—	1
(v) Others	2	3	15	9
Total	52	29	92	210

	Under age 16		*Aged 16 and over*	
	Male	*Female*	*Male*	*Female*
Number of patients seen at G.P.s' surgeries (included in above) ..	—	—	1	28
3. Other children under the care of the Psychiatric Social Worker—				
(a) Referred by School Medical Officers	21	12	—	—
(b) Referred by Child Guidance Clinic	14	8	—	—
Total number of children under care	35	20	—	—
4. Admissions to Hospitals by Mental Welfare Officers—				
(a) Informal	—	—	2	4
(b) Compulsory—Section 25 (Observation)..	—	—	7	10
(c) Compulsory—Section 26 (Treatment) ..	—	—	5	3
(d) Compulsory—Section 29 (Emergency) ..	—	—	29	28
(e) Patients examined but not admitted	—	—	5	6

Registration of Day Nurseries, Daily Minders, Nursing Homes and Old People's Homes.

1. Day Nurseries.

The local authority has no Day Nurseries, and no arrangements have been made for their provision by voluntary organisations under Section 22 of the National Health Service Act, 1946.

2. Daily Minders and Registered Nurseries.

Registrations under the Nurseries and Child Minders Regulations Act, 1963.

	Premises	*Places*
(a) Factory premises	—	—
(b) Other premises	4	41
(c) Daily minders	2	—

3. Nursing Homes.

Registrations under the Public Health Act, 1936 as amended by the Nursing Homes Act, 1963 .. .. 2 34

4. Old People's Homes.

Registrations under the National Assistance Act, 1948 .. .. 4 82

SECTION I

SCHOOL HEALTH SERVICE

EDUCATION COMMITTEE

1964–65

Chairman :
Alderman Mrs. M. L. Edwards

Vice-Chairman :
Councillor C. Collins

Members :
The Mayor (ex-officio)
Alderman W. J. Smith
Alderman G. A. H. Matthews
Alderman Mrs. L. R. Langdon
Alderman H. Layton
Alderman K. A. H. Hyett
Councillor Mrs. F. E. Fitch
Councillor V. S. Waters
Councillor A. G. Neal
Councillor Mrs. F. S. Creese
Councillor Mrs. V. E. Price
Councillor F. H. Gibbs
Councillor W. D. Paterson
Councillor P. W. Robinson
Rev. Canon K. F. Evans-Prosser
Rev. Canon M. J. Roche
Rev. T. J. Lander
Mr. L. A. Buttling, B.Com.
Mr. B. R. P. Webber
Mr. F. Stephenson
Mrs. M. Taylor

1965–66

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Councillor V. S. Waters
Councillor A. G. Neal
Councillor Mrs. F. S. Creese
Councillor B. Gale
Councillor W. D. Paterson
Councillor F. H. Gibbs
Councillor W. Gannon
Councillor P. W. Robinson
Councillor G. Williams
Rev. Canon K. F. Evans-Prosser
Rev. Canon M. J. Roche
Rev. T. J. Lander
Mr. L. A. Buttling, B.Com.
Mr. F. Stephenson
Mr. S. Smith
Mr. H. J. Skinner

To the Mayor, Aldermen and Councillors
of the City of Gloucester.

I have the honour to present the Annual Report for the School Health Service for 1965.

The pages that follow set out the statistical information with regard to the School Health Service.

It will be remembered that in the Annual Report for the previous year I drew attention to the problems that we are having concerning the placement of pupils with mild defects of maladjustment and emotional disturbance. It seems to be a defect of our urban civilisation and our modern way of life

that ever greater numbers of such children reveal themselves amongst the school population. The accusatory finger is always ready to point to the cause of this but when one looks more closely into the statistics there often seems to be an element of bias in that the researcher often proceeds from an already established viewpoint of moral justification so that the statistics are gleaned merely to support this argument against the particular sin that he vies against ; in this way we have had moralists who have pointed to the television as a cause, to working mothers as a cause, to the strains of urban living as a cause, to the decline of christian morals as a cause or, in fact, (since christian morals have never been notably adhered to throughout the centuries) to the decline of religious faith in general. Perhaps the wisest way to look at these defects from our educational point of view is (a) to discover them as early as possible (b) to keep the child in a normal home and educational environment as long as is consistent with the state of the emotional disturbance and (c) to regard all these minor forms of maladjustment as a concomitant of our urban civilisation and our way of living (without any great moral overtones), rather as we treated the delicate child from the point of view of special education and medical treatment in previous decades. In fact, the analogy with the delicate child is a very good one since the delicate child was more prone to succumb to the harsher aspects of his physical environment. So it is with the emotionally disturbed child that he appears to be more sensitive to the social and domestic realities of his home or school environment.

During the year, it has appeared that our previous mode of coping with the placement of mildly maladjusted pupils, namely by assimilating them into Oak Bank School, will not suffice by reason of the increased numbers of children who are appearing. I think that all handicapped children are more at risk for some of the minor forms of maladjustment but I think that the right way of dealing with them is to treat sympathetically the primary handicap.

Therefore, the need for some separate unit for maladjusted pupils, as envisaged in the previous Annual Report, becomes a more demanding necessity. I also mentioned in the previous Report something of the needs of the deaf children but I feel the time will be coming, when we have the boundary extension with a corresponding increase in the numbers of pupils in the area, when we will need to consider employing a clinic nurse to devote her time in the school clinic and in the schools to the primary detection of deafness amongst the school population. At present certain cases at risk and certain cases at the request of teachers are tested audiometrically and, of course, we rely very heavily on the Hearing Assessment Clinic provided by the E.N.T. Consultant. This, however, is not enough and when the boundary extension increases of staff come before you in the future, I hope that the Committee will consider favourably such an important appointment.

The Report of the Principal School Dental Officer 1965

The physician, the surgeon, and particularly the dental surgeon can echo with some feeling these words from a well known hymn—'Change and decay in all around I see'. There is no need to take this line out of its context, for the main message of the hymn is that the hope of man, insignificant as

he is, lies in the stability and changelessness of eternity. Recently a devoted servant of the dental profession, almost a lone voice in the wilderness, reminded us that after 3,000 years we were no nearer understanding the cause of dental caries. He might almost have said of dental disease. It is also evident that there has been some attempt to understand and to prevent it. From 1500 B.C. to 1500 A.D. the main ingredient in dental powder and dentifrices was charcoal, obtained in a variety of ways from burnt feathers to charred bones. Honey was often added to these cleansers to give a pleasant taste, but to counteract its possible damaging effects it was suggested that the mouth afterwards be rinsed with a little wine. The modern technique of 'swish and swallow' is not so modern after all. Could one imagine the wine being expelled from the mouth ! In the light of this ancient history what a lusty child school dentistry appears to be after a mere 57 years. Yet this is a century of rapid progress, of exciting changes and of complete revolutions, not least in the realm of dental health.

From time to time in the annual report of the Chief Medical Officer, entitled 'The Health of the School Child', there has been expressed in the appendices a summing up of the aims and purpose of school dentistry and suggestions as to the ideal way of putting them into practice. Some thirty years ago it was asserted that this service was in the main educative and that this could be achieved by regular school inspections and by attempting to provide regular treatment at clinics to secure sound healthy mouths. In the last issue of 'The Health of the School Child' and in the opening paragraph of a suggested model scheme it was stated that, 'The duty of the school dental service is to make available dental treatment for all children attending maintained schools.... The aim of the service is to ensure, that as far as possible, through dental health education and a high standard of dental care, children shall leave school free from dental disease and irregularity, with an understanding of the importance of good natural teeth and zealous in looking after them.' The second paragraph is even more concise, asserting that, 'The service should be designed for routine inspections in schools, routine and emergency treatment in clinics, and dental health education in both.'

The administration of this service is in the hands of the principal school dental officer, who is responsible directly to the principal school medical officer. Whilst this arrangement has proved satisfactory in Gloucester, owing to the good sense of its medical officers, this has not always been the case in other parts of the country, giving rise to a move to obtain chief officer status for principal dental officers. An office has been furnished at Ivy House this year for the principal officer, and not only is he able to concentrate better on vital administrative work but able to interview visitors in appropriate surroundings. The usual committee he attends is the Finance and General Purposes sub-committee, where every courtesy is afforded. All the full time Officers are encouraged to attend conferences, courses, study groups and professional meetings, all important to keep abreast of progress in dental science and dental politics in order that the service may be kept up to date. During the year the head dental surgery assistant attended a refresher course in London. There were four staff changes ; Dr. K. A. MacKenzie vice Dr. L. V. Martin in June ; Mr. A. Robinson commenced as part time dental officer in February, in place of Mr. I. M. Paterson ; Miss

A. E. Jennings, the second dental auxiliary, in September ; and Miss C. M. Greeves vice Mrs. Mary Horton, whom we congratulate on the birth of a son, in July.

Routine Inspections.

Priority has always been given to periodic inspections at the schools, even before comprehensive treatment was available in clinics. In order that these should be carried out effectively full co-operation by the school staffs is necessary and this has varied considerably in the past. A lack of understanding by head teachers, premises without adequate facilities and inconsideration by the dental department has not helped. However it is pleasing to be able to say that in Gloucester at the moment such difficulties are rare, and that the lack of a medical inspection room, or similar room, only occurs at two schools. Unfortunately the impression that we are an intrusion still persists here and there. The school secretaries are a vital link and generally do an admirable job of work. Once again illness prevented all the schools being visited in 1965 for this purpose.

Treatment.

First impressions are important but never more so than in dentistry. Bearing this in mind every effort has been made to see that the atmosphere of the clinic is as helpful as possible. The waiting-room is reasonably bright, although a little cramped, and is suitably decorated at the various seasons, but always with an eye to getting over the principles of dental health. The surgeries are properly equipped but attention is paid to their other furnishings, such as ordinary pictures on the walls, sculpture and photographs on the mantelpiece, etc. Again dental health education material may be used to decorate as well as educate. It may be a handicap to be in an old building, but in many ways its atmosphere is more homely.

Apropos the foregoing paragraph an endeavour is made to see or treat all children before they suffer severe pain and to do conservative treatment before extractions are done. The new class of dental operator, the dental auxiliary, has been trained with this in mind. It is, therefore, good to be able to report that young children appear to respond readily to their ministrations and thereby develop an interest in oral hygiene procedures and an acceptance of dental treatment at an early age, which greatly facilitates later treatment, generally by dental surgeons, as the child grows older. Dental surgery assistants are an integral part of the treatment scheme, not only to give clinical assistance but to help to maintain a soothing influence on the patients.

The actual volume of treatment during the year has increased again and the output per session improved, although somewhat below the average for the country. The ratio of permanent (second) teeth saved to those extracted for decay continues to improve. Relative to output it must be remembered that a large proportion of the treatment staff is comprised of dental auxuliaries, who are trained to do prophylactic treatment for every new patient they see and to give chairside dental health instruction. Also strict supervision by dental officers is part of the dental auxiliary experiment and likely to continue later.

As the result of both dental officers attending a refresher course on orthodontics at Keele University in March this important branch of the work has been delegated to Mr. A. J. Lane. This is a step in the right direction as there is no consultant orthodontist in the area.

The majority of the extractions are carried out under general anaesthesia, and the suggestions of the department of science and education carefully carried out. The replacement of Dr. L. V. Martin by Dr. K. A. MacKenzie is a great help as Dr. Martin had been unable to give us more than an occasional session during the last year or so.

Dental Health Education.

There is nothing spectacular to report concerning this aspect of the service. The main effort has been in the intensification of school visits, chiefly by the dental auxiliaries, and a second 'tuck shop' survey.

Children in eleven infants' schools received instruction in oral hygiene and were given the basic facts of the way to good dental health by Mrs. D. Hawker and Miss A. E. Jennings. Several visits to each school were entailed as the scholars were gathered in small groups, generally a class at a time. Approximately 2,140 children were seen in this way during the year.

As already mentioned dental health teaching is carried out at the clinic as well, and special material is prepared generally when the schools are closed. Between them, the two auxiliaries, spend five sessions a week on this vital work, four of them for school children and one at the Charles Cookson Clinic, where expectant mothers are counselled in the waiting rooms.

The chief dental officer continues his lectures to senior scholars and school leavers and visited the following schools—Central Girls, Linden Girls, Linden Boys, Denmark Road and Sir Thomas Rich. The livliest discussion engendered was at the last school and in the presence of Dr. A. T. Wynne during the course of an official visit to Gloucester in July.

The 'tuck shop' survey was on identical lines with the one held just four years previously and was used as a guide to progress. So often in this educative sphere it is difficult to gauge results. School examinations give teaching staffs some indication of the efficacy of their efforts, and even here correct answers may only show an assimilation of facts, not necessarily a real knowledge of the subject or even ability to apply it. We do not set tests, for we have no doubt that the scholars know the answers, but doubt whether more than a small number put their knowledge into practice. This becomes more apparent when a head teacher affords the school dental officer every facility to give his lectures and afterwards goes completely contrary to this teaching by encouraging the scholars to indulge in habits, not only bad for their teeth, but their general health as well. One would rather be told that one's teaching was rubbish or that one was not wanted.

When the results of the 1961 survey were presented to the relevant committee the principal school dental officer resisted a strong move by the committee to forbid the sale of the more harmful foodstuffs in schools, appealing that he would rather try to persuade or educate those who were involved. Perhaps the time has come for a stronger line to be taken with those who will not hear, or hearing will not act.

In 1961 out of 49 schools 10 had tuck shops and 32 sold food during the mid-morning break. Seven schools sold nothing and only one of the other 42 sold only apples, nuts or carrots. In 1965 out of 45 schools 9 had tuck shops and 29 sold food during mid-morning break. Seven schools sold nothing and 9 of the other 38 sold only apples, nuts or carrots. Fourteen schools sold biscuits, etc. as well as apples or nuts. Comments by head teachers were as follows—"Plain biscuits—we sell these to stop children bringing sticky buns and large chocolate biscuits". "Plain biscuits, nuts, crisps—all with sanction and approval of dental authorities". "Sales in mid-morning break restricted in accordance with suggestion made to me.... by Mr. Wilson". "Sell biscuits, but interested in any apple scheme as long as not too time consuming". The prevailing custom at the infants school is to sell biscuits as a lesser evil than allowing lunch packets from home, but nuts, crisps and apples can be used instead of biscuits.

It has not yet been possible to extend the serving of apples after school meals to all the schools owing to the expense involved. If half an apple is given to each scholar, as at two schools at present, the total cost for all schools in one year would be approximately £3,500. A scheme was presented by the General Dental Council in co-operation with a well-known fruit distributor, but even this would cost twopence per week per scholar and a total cost of over £2,000 for one year. It would appear however that as such a high proportion of scholars have their principal meal of the day at school some sound constructive thinking is necessary. These meals should not be used exclusively to pack children with nourishment, but also to teach them the right way to acquire it, in both the narrow and the broad sense. Having been bold enough to suggest that school milk, no longer necessary as a nutrient, might be abolished and the money thereby saved to provide apples, other raw fruit, raw carrots, celery, etc. at the end of school meals, I commend the following wise words of Mr. J. R. Toller, Principal School Dental Officer of Cambridgeshire—"The transition from milk to such raw foods as are pleasant to eat, socially acceptable and require chewing, is difficult and affects the livelihood of a great many persons. It is not easy in our unplanned society to methodically taper off the production of milk and increase that of salads and fruit. Dietary habits are even harder to change particularly since the foods that largely cause our dental diseases become the only foods we can eat.....

Consider for a moment the industrial chaos that would result if, by a pen stroke, school milk was abolished, as it very well might be, if we only had the health of children to consider. What about the health of those who work in the factories that turn grass into milk by means of cows ? And the same pen stroke substitutes an apple at the end of the mid-day meal. Where are the apples coming from ? Where can the orchards be sited in a tightly packed island in which land values are rising and which will only be in production in ten years time ?.....

That the dental diseases are diseases of civilisation or socialisation is not the less true for being a cliché. The diseases of civilisation therefore need study as well as those of our dental apparatus. It is a more complex matter than brown bread or white."

In a United States survey the following words appeared—'Dental health is more a problem of public conscience than statistics.' Bearing this statement in mind it is gratifying to feel that there is a greater awareness of the problems besetting the local authority services in their efforts to combat dental diseases. The fact that the city council have voted in favour of fluoridation is an indication of this and of their conscience in this matter. I am convinced that eventually the dissemination of the true facts concerning dental care, including fluoridation, will reach the majority of the population. Will their conscience be stirred sufficiently for them to act ?

During the year it has been possible to observe some definite progress despite an unusally large amount of illness, which has affected every member of the staff in one way or another. The willingness of each and all to bear a heavier share speaks well for the loyalty of the staff. The principal dental officer wishes to place on record his gratitude to them, to the appropriate committees and their officers, to head teachers and their staffs, to the parents, and last but not least to the scholars themselves.

Dental Inspection and Treatment carried out by the Authority.

	1961	1962	1963	1964	1965
1. Number of pupils inspected by Authority's Dental Officers :					
(a) At periodic inspections	4,307	7,290	10,743	8,553	9,500
(b) At special inspections ..	982	712	398	251	625
2. Number found to require treatment	4,203	6,377	7,660	5,874	6,399
3. Number offered treatment ..	3,695	5,317	5,839	4,567	4,980
4. Number actually treated ..	2,984	3,597	3,684	3,336	3,365
5. Number of attendances made by pupils for treatment including those recorded at 11 (h) ..	7,210	8,720	9,049	8,754	7,636
6. Half days devoted to—					
(a) Periodic school inspection	38	61	90	75	106
(b) Treatment	1,046	1,372	1,506	1,343	1,354
7. Fillings—(a) Permanent teeth	2,831	3,588	3,745	3,643	4,274
(b) Temporary teeth	7	96	190	483	631
8. Number of teeth filled—					
(a) Permanent teeth ..	2,357	3,124	3,412	3,176	3,663
(b) Temporary teeth ..	7	94	179	448	554
9. Extractions—					
(a) Permanent teeth ..	1,241	1,185	1,375	805	886
(b) Temporary teeth ..	4,442	4,538	3,050	2,504	2,828
10. Administration of general anaesthetics for extraction..	2,878	3,015	2,538	2,045	2,163

		1961	1962	1963	1964	1965
11.	Orthodontics—					
	(a) Cases commenced during year	38	31	34	35	43
	(b) Cases brought forward from previous year ..	11	29	24	35	36
	(c) Cases completed during year	15	24	22	18	15
	(d) Cases discontinued during year	4	12	1	6	12
	(e) Pupils treated with appliances	39	31	34	32	43
	(f) Removable appliances fitted	43	44	48	33	44
	(g) Fixed appliances fitted	—	—	—	—	—
	(h) Total attendances ..	375	298	352	282	*
12.	Number of pupils supplied with artificial teeth	12	14	42	29	36
13.	Other operations—					
	(a) Permanent teeth ..	1,651	2,035	2,433	2,150	*
	(b) Temporary teeth ..	87	536	861	1,646	*

THE SCHOOL PSYCHOLOGICAL SERVICE

Report by Educational Psychologist.

This Service has now been in existence in the City for three years. Some comments seem worthwhile on the trends in those three years. Looking back is appropriate moreover at a moment when Primary Education is being examined for the Government by Lady Plowden and the work of Educational Psychologists by Professor Summerfield and the Secondary Organisation is in a state of flux.

About 245 children have been assessed annually by the Educational Psychologist. This is all he can effectively deal with. He would be consulted about double that number if he made his services freely available and could cope with more. The situation will deteriorate as the City expands.

More children are being reassessed each year and these naturally have the more difficult problems. Moreover more very young children are being seen as part of Dr. Regester's policy to involve the School Psychological Service with the pre-school child. Both trends are welcome in that those most in need of help are being seen earlier and more often.

Every primary school in the City has been visited at least four times in three years. Most received about ten visits from the Educational Psychologist. Special schools were visited far more often. Selective secondary schools were visited less often than non-selective. It is a country-wide finding that selective schools, where they still exist, receive not just the academically successful (by definition) but also the emotionally stable, normally developing, home-supported pupils.

Half the children seen each year were referred by Head Teachers, a quarter by School Doctors, and the remainder from thirteen other sources including an increasing number directly from parents. This latter trend is most welcome. Despite the popular ideas that parents get *over*-advised by a host of busybodies and that anyway parents these days are out to shelve responsibilities, the records of the School Psychological Service show how many parents have grave family difficulties involving their children for which they have been unable to get help. This is despite the devotion and hard work of family doctors, Health Visitors and others.

The School Psychological Service has contributed to two welcome developments in 1965 : the extension of social work for the families of handicapped children, and the periodic meetings of teachers of slow learners in the ordinary schools.

Finally, lest it is not clear that a School Psychological Service is concerned with other work than handicapped children, it must be pointed out that in many areas of the educational process educational psychology has a body of relevant knowledge and useful tools and techniques. *e.g.* Pupil guidance at all levels, research and survey techniques, teaching methods, and curriculum studies.

STATISTICS

Population of Gloucester	72,240
School Population	13,655

Distribution of School Population.

	No. of Schools	*No. on Rolls*
Primary Schools	31	7,653
Secondary Schools	13	5,617
Special Schools	2	292

Medical Inspections

1.	Examination of Children for :	
	(a) Fitness for Employment	239
	(b) Requiring Special Educational Provision	46
2.	Examination of Candidates for Teachers' Training Colleges ..	58

B.C.G. Vaccination

1.	School Children Scheme.	
	Number skin tested	897
	Number found positive	182
	Number found negative	715
	Number vaccinated	701
2.	School Children Contacts.	
	Number skin tested	57
	Number found positive	5
	Number found negative	52
	Number vaccinated	—
3.	Students attending Further Education Establishments.	
	Number skin tested	—
	Number found positive	—
	Number found negative	—
	Number vaccinated	—

Handicapped Children

Longford School. This is a Special School for educationally subnormal children. Longford provides 212 places, of which 163 are occupied by City children.

Oak Bank School. The total attendance at the end of 1965 was 80 of whom 24 were from outside the City. The City cases are as follows :

2 Partially sighted.

1 Hard of hearing

43 Physically handicapped.

5 Delicate.

3 Maladjusted.

2 Epileptic.

There were 9 admissions from the City during the year.

Home Teaching. 2 children received home tuition because of their inability to attend any school. The causes of their disabilities were muscular dystrophy and maladjustment.

Home teaching continued also, throughout the year, in the Children's Wards of the Gloucestershire Royal Hospitals.

Residential Schools. In addition to the children shown above, numbers attending Residential Schools outside the City are as follows :

2 Partially sighted.

1 Deaf.

4 Hard of hearing.

2 Physically handicapped.

12 Maladjusted.

15 E.S.N.

1 Defective Speech.

Medical Inspection of Pupils attending Maintained Primary and Secondary Schools.

A. Periodic Medical Inspections.

Age Groups inspected (by year of birth)	No. of pupils inspected	Physical Condition of pupils inspected		Pupils found to require treatment (excluding dental diseases and infestation with vermin)		
		Satisfactory	Un-satisfactory	For defective vision (excluding squint)	For any other condition recorded in Section E	Total individual pupils
1961 and later	48	48	—	3	1	4
1960	463	463	—	19	6	25
1959	508	508	—	19	21	40
1958	155	155	—	8	8	16
1957	100	100	—	9	8	17
1956	149	149	—	9	7	16
1955	94	94	—	5	3	8
1954	179	179	—	12	2	10
1953	161	161	—	20	3	21
1952	126	126	—	28	2	24
1951	443	443	—	28	6	34
1950 and earlier	661	661	—	55	7	62
Total	3,087	3,087	—	215	74	277

B. Other Inspections.

Number of Special Inspections	82
Number of Re-Inspections	2,167
Total	2,249

C. Infestation with Vermin.

Total number of examinations in schools by school nurse	25,260
Number of pupils found to be infested	694
Number of pupils in respect of whom Cleansing Notices were issued (Section 54 (2), Education Act, 1944)	13
Number of pupils in respect of whom Cleansing Orders were issued (Section 54 (3), Education Act, 1944)	—

D. Screening Tests of Vision and Hearing.

The vision of all school entrants is tested by Health Visitors during the first year after entry, and is repeated once in Infants, once in Junior School and then each year in Senior Schools. Colour vision is also tested by Health Visitors during the third year age group at Junior School. Selected pupils undergo audiometric testing by a specialised Health Visitor during the first year after entry. The School Medical Officer refers to local audiology clinic (Hospital Consultant E.N.T. Specialist) if considered necessary.

E. Defects Found by Medical Inspection During The Year.

1. *Periodic Inspections.*

Disease or defect	Entrants		Leavers		Others		Total	
	Requiring		Requiring		Requiring		Requiring	
	Treat.	Obsv.	Treat.	Obsv.	Treat.	Obsv.	Treat.	Obsv.
Skin	—	35	—	26	—	5	—	66
Eyes—Vision	55	318	154	272	31	95	240	685
Squint	3	14	—	1	—	2	3	17
Other	—	13	7	76	—	18	7	107
Ears—Hearing	14	14	4	2	4	1	22	17
Otitis Media	1	5	—	—	—	2	1	7
Other	—	9	—	7	—	2	—	18
Nose and Throat	8	103	1	22	—	13	9	138
Speech	5	27	—	4	2	3	7	34
Lymphatic glands	—	13	—	4	—	1	—	18
Heart	—	21	1	7	—	1	1	29
Lungs	—	39	2	8	—	5	2	52
Developmental—Hernia	1	12	—	1	—	1	1	14
Other	—	38	—	2	—	—	—	40
Orthopaedic—Posture	—	25	1	5	—	—	1	30
Feet	—	23	1	7	2	2	3	32
Other	—	9	—	8	—	1	—	18
Nervous system—								
Epilepsy	—	8	—	1	—	—	—	9
Other	—	1	—	—	—	—	—	1
Psychological—								
Developmental	—	32	1	17	—	13	1	62
Stability	2	78	—	5	12	26	14	109
Abdomen	—	—	—	4	—	—	—	4
Other	2	11	—	10	1	5	3	26

2. *Special Inspections.*

Disease or defect	Requiring treatment	Requiring observation
Skin	6	43
Eyes—Vision	120	365
Squint	1	26
Other	1	21
Ears—Hearing	14	35
Otitis Media	1	7
Other	—	8
Nose and throat	8	90
Speech	4	50
Lymphatic glands	—	9
Heart	1	60
Lungs	—	40
Developmental—Hernia	1	14
Other	2	35
Orthopaedic—Posture	4	37
Feet	3	28
Other	—	12
Nervous system—Epilepsy	1	31
Other	—	1
Psychological—Developmental	1	99
Stability	23	153
Abdomen	—	3
Other	1	29

F. Treatment of Pupils.

1. *Eye diseases, defective vision and squint.*

	No. of children known to have been dealt with
External and other, excluding errors of refraction and squint	18
Errors of refraction (including squint)	26
Total	44
Number of pupils for whom spectacles were prescribed	87

2. *Diseases and defects of Ear, Nose and Throat.*

	No. of children known to have been dealt with
Received operative treatment —	
(a) for diseases of the ear	20
(b) for adenoids and chronic tonsillitis..	151
(c) for other nose and throat conditions	5
Received other forms of treatment ..	1
Total	177
Number of pupils in schools who are known to have been provided with hearing aids—	
(a) in 1965	4
(b) in previous years	21

3. *Orthopaedic and Postural defects.*

	No. of children known to have been dealt with
Pupils treated at clinics or out-patients departments	—
Pupils treated at school for postural defects ..	16

4. *Diseases of the Skin (excluding uncleanliness, for which see Section C).*

	No. of children known to have been dealt with
(a) Ringworm (i) Scalp	—
(ii) Body	—
(b) Scabies	—
(c) Impetigo	7
(d) Other skin diseases	86

5. *Child Guidance Treatment.*

Pupils treated at Child Guidance Clinics 80

6. *Speech Therapy.*

Pupils treated by Speech Therapist 32

7. *Other Treatments given.*

	Number of children known to have been dealt with
Pupils with minor ailments	498
Pupils who received convalescent treatment under School Health Service arrangements..	—
Pupils who received B.C.G. Vaccination ..	701
Others—Epilepsy	1
Accidents	63
Feet	1
Diabetes	1
Total	1,265

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